



## REQUEST FOR BACS PAYMENT

Please complete and return to: - Accounts Payable Section  
PO Box 447, Wesley House, St Helens, Merseyside  
WA10 9ER

**Your Name/Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Vat Registration Number** \_\_\_\_\_  
**(If applicable)**

### Bank Account Details

Sort Code					Bank Account									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Roll Number (if applicable)														
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Bank Name** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

**Your Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Position in company** \_\_\_\_\_  
**(If applicable)**

**Date** \_\_\_\_\_

**Vendor Number (For Office use only)** \_\_\_\_\_

The information provided on this form will be processed in accordance with the requirements of the General Data Protection Regulation (GDPR). It will be treated in line with our data protection privacy notice which can be found at [www.sthelens.gov.uk](http://www.sthelens.gov.uk).