Bank Mandate for Payment by BACS

This is a BACS payment form, which requires to be completed to allow any payments to be released to your organisation’s bank through North Lanarkshire Council’s Finance Department.

**North Lanarkshire Council**

**Finance Department – Financial Solutions**

**Payment of Creditors – Bank Mandate for Payment by BACS**

# Please complete sections 1 to 13

| 1. Name of educational establishment |  |
| --- | --- |
| 2. Address (this must match the address given in section 1 of the application form) |  |
| 3. Post code |  |
| 4. Telephone number |  |
| 5. Fax number |  |
| 6. E-mail address |  |
| 7. Name of Bank Account |  |
| 8. Bank sort code |  |
| 9. Bank account number |  |
| 10. Acc. Roll Number | (eg Building society, Municipal Bank) |

**I hereby confirm that the above are true details to be used for the purpose of receiving payments from North Lanarkshire Council which may be due to the organisations / payee as stated at item 1 above.**

| 11. Authorised Signature | Sign in this box. |
| --- | --- |
| 12. Name |  |
| 13. Date |  |

**For office use only:**

**Passed to Finance by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ext \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Finance use only:**

**Date received ………………..**

**Cedar Ref.………………….**

**Actioned by ……………….. Date ………………**

**Checked by ………………... Date ………………**