## **BACS Payee v1.1**

## Bohemia Walled Garden Association

Please complete and return to the treasurer.

Claimant Name						
Bank Name						
			•			
Sort Code						
Account Number						
Account Number						
I confirm that I wish the	e Bohemia Walle	d Garden Association t	o make pay	ments into	the above a	ccount.
The above details will	he kent securely:	for the purposes of pay	ment proce	ssing and n	ever disclos	sed
The above detaile will	bo Ropt Goodi Giy	ioi tiio paipoodo oi pay	mont proce	oomig and m	over discise	ou.
Claimant's						
Signature					Date	
Treasurer use only	Reference					
	Date Received					
	Date Received					
	Entered by					
	Verified by					