

## Bill Payments List

	Beneficiary Name	Sort Code	Account Number	Amount	Reference	Date to Credit A/C
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Account Title: \_\_\_\_\_

Sort Code:    -    -    Account Number:

**Contact details**

Name: \_\_\_\_\_

Tel. No. (inc. STD code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**We will send you an email to confirm receipt of Bill Payments List.**

In consideration of you agreeing to undertake the above Bill Payments I/we consent to you communicating in respect of me/us by whatever means you consider appropriate, including without limitation by facsimile or e-mail.

I/we agree to indemnify and keep you indemnified against all actions, proceedings, liability, claims, damages, costs, losses and/or expenses in relation to you acting on the above instructions or correspondence received and purporting to be from me/us by facsimile or e-mail.

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**THIS REQUEST MUST BE SIGNED IN ACCORDANCE WITH THE CURRENT SIGNING INSTRUCTIONS ON THE ACCOUNT**