

Disability Association
Carlisle & Eden
Payroll & Managed Accounts
1st Floor, Unit 3
St Nicholas Street
Carlisle
CA1 2EF
Tel: 01228 31 70 70

MANAGED ACCOUNT BACS FORM

Employer: _____ Ref No_____

Employee: _____

Bank/Building Society: _____

Sort Code:

--	--	--	--	--	--

Bank Account No.

--	--	--	--	--	--	--	--

Roll No (for Building Society) _____

Account Name(s): _____

Signed: _____

By signing this form I agree that DaCE can use the information to hold and process the information for the purpose of making payments into my account.

Date: _____