

**Regular Payment
New Set Up Form**



Date: _____

To: (insert name and address of your bank): _____

I/We hereby authorise and request you to DEBIT my/our Account:

Account Name: _____

Sort Code: / / /

Account Number:

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

Sender Reference (to show on sender statement)

With the amount of: £ _____

Amount in Words: _____

And to Credit: Cappagh Parish Trust

Sort Code: 93/81/30

Account Number: 03666660

Bank Name: First Trust Bank, High Street, Omagh

Receiver Reference (Name and envelope number):

Start Date: _____

Make Immediate Payment
if First Payment is missed

Frequency (e.g. weekly, fortnightly, every 4 weeks, monthly, every 2 months, quarterly, every 4 months, half yearly or annually):

No of payments: _____

OR

Final payment date: / / _____

Or until further notice from me/us in writing.

Signature: _____

Please allow 5 working days notice prior to first payment. It shall be understood that the Bank shall be under any liability for damage or loss caused by any omission to make these payments.

Signature: _____

**Regular Payment
New Set Up Form**



Date: _____

To: (insert name and address of your bank): _____

I/We hereby authorise and request you to DEBIT my/our Account:

Account Name: _____

Sort Code: ____/____/____ Account Number:

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

Sender Reference (to show on sender statement)

With the amount of: £ _____

Amount in Words: _____

And to Credit: Cappagh Parish Development Fund

Sort Code: 93/81/30 Account Number: 01314131

Bank Name: First Trust Bank, High Street, Omagh

Receiver Reference (Name and envelope number):

Start Date: _____

Make Immediate Payment
if First Payment is missed

Frequency (e.g. weekly, fortnightly, every 4 weeks, monthly, every 2 months, quarterly, every 4 months, half yearly or annually):

No of payments: _____ OR Final payment date: ____/____/____

Or until further notice from me/us in writing.

Signature: _____

Please allow 5 working days notice prior to first payment. It shall be understood that the Bank shall be under any liability for damage or loss caused by any omission to make these payments.

Signature: _____