

PARENT COUNCIL CHANGE OF BANK ACCOUNT FORM

Parent Council Name _____

New Bank Details:

Name of Account _____

Name and Address of Bank

Sort Code

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Account number

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Treasurer Signature

Print Name

Date

Chairperson Signature

Print Name

Date

PLEASE RETURN COMPLETED FORM TO FINANCE TEAM.

FALKIRK COUNCIL CREDITORS DEPARTMENT ARE RESPONSIBLE FOR SENDING PAYMENT ON OUR BEHALF. FOR FRAUD PREVENTION REASONS THEY MAY CONTACT YOU DIRECT TO CONFIRM DETAILS BEFORE PROCESSING THE AMENDMENT.