

Bank Details Form

Name:

Scheme:

Payroll No:

National Insurance Number:

Address:

Bank or Building Society Details:

Please Note: This cannot be a Post Office Card Account

Bank or Building Society Name:

Branch Name:

Address:

Sort Code: - -

Account Number:

Account Holders Name:

Reference / Roll Number:* (Building Society Only)

Signature: _____ Date: _____
Please Note: This form must only be signed by the member

Office Use Only - Date of Leaving: _____ Input Month: _____

Notes:

Please complete and return this form to the address below and one of our administrators will contact you to confirm your record has been amended. Failure to provide us with the correct information will result in the form being returned and a delay in your application.

Data Protection Act:

Information which you supply in connection with your membership of the Electricity Supply Pension Scheme will be held on computer or other records. The data will be held for administration purposes and will only be disclosed to relevant third parties if this is essential for the administration of the scheme, is required by law or with your consent. It will not be used for any other purpose.

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