

# Regular Payment New Set up Form

Date

\_\_\_\_\_

To the Manager

\_\_\_\_\_  
\_\_\_\_\_

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

Sender Account Name

\_\_\_\_\_

Sender Account Number

Sender NSC

\_\_\_\_\_

| | | | | | | |

Sender Reference (To show on sender statement)

North Belfast Housing Association

\_\_\_\_\_

With the amount of

\_\_\_\_\_

Amount in Words

\_\_\_\_\_

and to CREDIT

North Belfast Housing Association

\_\_\_\_\_

Receiver NSC 93-80-92

\_\_\_\_\_

0 | 9 | 1 | 0 | 0 | 0 | 9 | 0

Bank and Branch

First Trust Bank, 31 High Street, Belfast, BT1 2AL

\_\_\_\_\_

Receivers Reference (To show on receiver's statement)

\_\_\_\_\_

Start Date

\_\_\_\_\_

Make Immediate Payment  
If First Payment Missed

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

\_\_\_\_\_

No of Payments

\_\_\_\_\_

Final Payment Date

OR

| | | | | |

Or until further notice form me/us in writing

Please allow 5 working days notice prior to first payment. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments

Signature

Signature