

# BACS Payment Form

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If you wish to be paid by BACS please print, complete and post this form to the address above.

BUSINESS NAME: \_\_\_\_\_

HOLDING NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BANK: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

SORT CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

A Payment Report will be sent to you of your weights, grades and your BACS payment date.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_