Payment Authority Form

Please complete this form if you wish to make a payment to a third party to be received by them on the same day. If you do not know the exact amount at this stage please indicate the amount you wish to send.

Payment Amount	
Amount in words SEEN HUMBER AND SEEN THOUSAND POUR NOS	
Amount in figures	£
Who do you want to pay?	
Name CRANFORMS - THE GBC PENSION SCHEME	
Payment Reference (if applicable)	
Which bank is the money going	to?
Name BARCLAYS	
Branch name SWINDON, REGENT STREET 2	
Sort Code 20-84-61	
Account Number 40 658669	

I/We authorise you to act on my/our* or my/our* solicitors' verbal instructions requesting a date for this payment to be made.

Terms & Conditions

- We (Barclays Bank) will decide on how to send the money on your behalf unless We agree otherwise.
- Unless it is our fault, We do not accept any responsibility for any loss or damage caused by delays, interruptions, misinterpretations or errors in transmission for payments which, are outside our reasonable control.
- In any case, We will not be liable in any circumstances for any loss of business, goodwill or any type of consequential or indirect loss whatsoever.
- If the payment is not made to the third party's bank account as requested, We will refund you the amount of the payment together with any applied charges and interest calculated at the rate laid down by law from the date We received your instructions to the date when the refund is made.
- The refund will be made only on the basis that you have not made an error in your instructions to us, and there has been no error made by an intermediary bank chosen by you or the third party's bank.

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771420	13140)	
	771425	7714293140	ssage update when the payment has been processed?

I/We* agree to the SMS Text Message Terms and Conditions listed on the reverse of this Authority.

Authorised by (signed in accordance with Bank Mandal				
Bul -	Authorised Signatory			
GLENW BROOKS Print Name	TONI HAYNES			
Date 17-06-16	22/06/2016			

