

You will need to complete this form if you are:

- Requesting a partial switch, OR
- You've asked us on the Switching form to contact the individual payers who make regular credits to your account.

Regular credits into the account – Items marked with an asterisk (*) are mandatory

Number	Payer's bank account number*	Payer's sort code*	Payer's name *	Last date a payment was credited to your account	Frequency	Do you want us to contact Payers? Yes/no	Name and address of payers (including post code)
1							
2							
3							
4							
5							

If you want to transfer more than five credits, please continue on a separate sheet.

Signature	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
Signature of joint account holder	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>