Nominated Bank Account (Children's Account)



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SBS Customer Deto	IIIS:						
SBS Account Number							
Account Title							
First Name							
Other Forenames							
Surname		Date of Bi	eirth DD/MM/YYYY				
E-mail address		Mobile nu	umber				
Nominated Accour	nt Details:						
Sort Code							
Account Number							
Account Holder(s) Nam	ie						
Bank Name							
Branch Name							
It is your responsibility to check the bank details listed above are correct as any errors may result in your payment not being processed. You confirm by signing below that the bank details detailed above are correct and that you understand that it is your responsibility to ensure the information given is accurate and should the above details be incorrect, the Society is not liable for any losses seen. I/we confirm that the monies being withdrawn are to be used for the benefit of the child and that I/we will repay to the child at a later date if it is found that this is not the case. It is noted that monies can only be withdrawn where they are being used for the benefit of the child directly.							
Signed			Date DD / MM / Y Y Y				
Signed			Date DD / MM / Y Y Y				
For Society	use only						
Customer Number(s)							
Mandate Checked By							
Keyed By			Date DD / MM / Y Y Y				
Online Customer (Y/N)	If Yes c	confirm customer advised to amend details online (Y/N)					