

Payment Authorisation Form for Executors/Administrators

Please take time to fill this form out correctly and fully using BLOCK CAPITALS.
If you don't we may need to return it to you and that will cause delay.

1 | TYPE OF PAYMENT REQUESTED PLEASE TICK ONE OF THE BELOW OPTIONS

Please close the deceased customers account(s) to the account we specify so I/we can administer the estate. OR Please pay the amount of € from the deceased customers account(s) to the Funeral Directors account so I/we can pay money owed to them.

2 | DECEASED CUSTOMER DETAILS

Deceased Customer Name Date of Death / /
Our GC Reference Number, if you have it:

3 | ACCOUNTS TO BE DEBITED/CLOSED

NSC	Account Number	Amount to be paid (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 | PAYEE ACCOUNT DETAILS

BIC / SWIFT Code*
IBAN*
Payee Name Bank Name
Payee Address Bank Address

If the payee account is a non European Union / International account we will also require:
Account Number: Sort Code:
Routing Number (if applicable):

*The BIC & IBAN can be found on the Bank Statement of the account you want us to pay the funds to.

5 | EXECUTORS/ADMINISTRATORS/PERSONAL REPRESENTATIVES/SOLICITOR DETAILS

Preferred Contact Name Preferred Contact Email Address
Preferred Contact Mobile No. Preferred Contact Phone No.

6 | EXECUTOR(S) / ADMINISTRATOR(S)

*Please Insert Name in Block Capitals

Name	Signature
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>