



The Nith Fishings Improvements Association

Please complete the form in **BLOCK CAPITALS** and give it to your bank

To Bank Sort Code

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Branch
(Give full address)

A. Customer's Details

Account Number

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Account Name

Tel. No - Work Tel. No - Home

B. Person/Organisation you wish to pay

Name of Person/Organisation	The Nith Fishings Improvements Association																
Bank and Branch Name	The Royal Bank of Scotland - Dumfries Whitesands Branch																
Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">0</td></tr></table>	0	0	2	2	9	9	7	0	Sort Code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">7</td></tr></table>	8	3	1	8	0	7
0	0	2	2	9	9	7	0										
8	3	1	8	0	7												
Reference to be quoted	(please fill in your name)																

C. About the payment

Amount details

(a) Annual Subscription £	(b) Donation to Improvements Fund £	(c) Total payment £
Amount of Total payment in writing		pounds

When should the payment be made

Date of payment annually ____ / ____ / ____
Expiry date for Standing Order ____ / ____ / ____ or until further notice <input type="checkbox"/> (tick this box if applicable)

Special Instructions (if any)

D. Confirmation

I/we acknowledge the Bank will not undertake to :-

- (1) Make any reference to Value Added Tax or other indeterminate element
- (2) Advise payer's address to beneficiary
- (3) Advise beneficiary of payer's inability to pay
- (4) Request beneficiary's banker to advise beneficiary of receipt

Bank Use only

Keyed by

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 (initials)

Date

Customer(s) signature (s)

Served by of Branch