



Compupay®

The Lindens
Shifnal
Shropshire
TF11 8AB

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Company Details

Name: _____

Address: _____

_____ Post code: _____

Tel. No. _____ Fax No. _____

Contact Name: _____ Mobile No. _____

Tax Office: _____ Ref. No. _____ / _____

Accounts Office reference No. _____ / P / _____

Bank: _____ Address: _____

_____ Post code: _____

Sort code: _____ Account No: _____

Payment Details (Delete where not applicable)

Frequency:- Weekly 4 Weekly Monthly Other _____ Day/Date _____

Method of payment:- Cash Cheque BACS Autopay Other _____

Arrangements for Christmas and Bank Holidays: _____

Any other relevant information _____
