Counsel EFT Authorisation Form

Please complete all sections

Counsel Name: _____

Address: _____

_____

_____

_____

Phone No. _____ **Fax No.** _____

E-Mail address: _____

I hereby authorise that all future payments due from the Chief State Solicitor's Office be paid directly to the Bank Account detailed below.

Name of Bank Account: _____

Bank: _____

Branch: _____

Sort Code: | | | | | | |

Bank Account No: | | | | | | | | |

Signed: _____
Authorised signature

Date: _____

It is the responsibility of Counsel to ensure that all information supplied above is correct, and that any change of details be supplied to the Chief State Solicitor's Office in a timely manner.