

Account transfer authorisation form

Instructions to your existing bank

Completing this form

Please complete this form in BLOCK CAPITALS and black ink then send it to: Client Team, Cater Allen Operations, Sunderland, SR43 4FB in the pre-paid envelope provided. If you need any help with this form please call us on 0800 092 3300.

Please complete Section 1 as well as any other relevant Sections. Please sign and date Section 5 of the form.

Continued Book and analysis details		
Section 1 Bank and switch details		
Existing bank name	Cater Allen account name	
Existing bank account number	Cater Allen account number	
Existing bank account sort code	Cater Allen account sort code	
	1 6 5 7 1 0	
Existing bank's switching team address		
Postcode		
You may want to start the switch after large or grouped payments	When would you like to start the switch to your Cate	r Allen account?
leave your account. This may give you time to move income		
payments to your new account.	Straight away	
	A specific date (you can choose a date up to 60	days from today)
	DDMMYYYY	
Instructions to my existing bank		
Please act on my/our instructions in Sections 2, 3 and 4 so that my existing bank account can be moved to Cater Allen.		
Section 2 Request for payment information		
Please provide Cater Allen with full details of all the standing orders and I	Direct Debits that apply to my account.	No
rease provide each men with rate details of attaine standing orders and birect bebits triat apply to my account.		
Sastian 2 Cancellation of mandatas		
Section 3 Cancellation of mandates		
Please cancel all my standing orders and Direct Debits once they've been set up with Cater Allen.		
If you choose to switch straight away, your existing standing orders and Direct Debits will be cancelled within		
five days of us receiving them from your old bank.		
Section 4 Account closure authorisation		
Please transfer any positive balance to my new Cater Allen account.		No
reade dansier any positive balance to my new eater attendedunt.		
Please close my account once my switch is complete.		No

Section 5 Customer signature(s)	
For joint accounts, we need both signatures.	
Your signature	Second account holder's signature (if joint account)
Printed name	Printed name
Address:	Address:
Postcode	Postcode
Date D M M Y Y Y Y	Date D D M M Y Y Y Y

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: large print, braille and audio CD. If you would like to register to receive correspondence in an alternative format please contact us on **0800 092 3300**. For the hard of hearing and/or speech impaired please use the Relay UK service. Further details can be found at **ngts.org.uk**

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