

OBO: PA Bank details

(to be completed by the PA)

Before your PA can be paid, your PA will need to complete all sections on this form and return it to WECIL.

Details of employment

Employer's name:	WECIL Ref:
PA's (employee's) name:	

PA's bank details

Name of PAs Bank	
Address of PAs Bank	
Name on Bank Account	
Account Number:	
<input type="text"/>	<input type="text"/>
Bank sort code:	
<input type="text"/>	<input type="text"/>

PA's signature

I the PA/employee confirm that the details given above are true and correct to the best of my knowledge.

PA Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

For help completing this form, contact your employer's Allocated advisor or email dpsupport@wecil.org.uk

WECIL, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ
WECIL Ltd. (Registered number: 3030167, Charity No: 1053515) and WECIL Social Enterprise Ltd. (Registered number: 5452347) are companies registered in England and Wales.