



## REQUEST FOR PAYMENT DIRECTLY TO BANK EFT Payment

### Please Lodge Payment Directly into My Account

1. Name of Bank:

2. Name on Bank Account:

3. Address of Bank:

**\*\*\* Please attach of your Bank Statement header verifying your BIC, IBAN, Name & Address dated within the last 6 months \*\*\***

4. Payment Reference No:

Please contact your local Family Law office if you cannot locate your number.

*(Do not amend)*

5. Commence first payment on/after:  
(Day/Month/Year)

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Name:

\_\_\_\_\_

(BLOCK CAPITALS)

Address:

\_\_\_\_\_

(BLOCK CAPITALS)

Signed:

\_\_\_\_\_

Phone No:

\_\_\_\_\_

Date:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**\*Any queries relating to Family Law Maintenance please contact your local Court Office\***

### CHECKLIST

Please ensure that all of the following criteria are satisfied before submitting your form. Failure to ensure same will lead to your application being returned.

- |   |   |   |
|---|---|---|
| 1 | You have supplied your bank account details including proof of same.<br>(Bank statement header verifying BIC and IBAN dated within the last 6 months) | Check <input checked="" type="checkbox"/> |
| 2 | You have signed the form and supplied <b>BOTH</b> a valid phone number and email address  | Check <input type="checkbox"/>            |

For CAS use only	Signature	Date
Details authorised for input by:		
Details verified by:		