

## Electronic Payment Request

PLEASE NOTE ALL BOXES MUST BE COMPLETED IN FULL

PAYMENT AMOUNT TO BE DEDUCTED FROM:-



ESBS ACCOUNT NAME

ESBS ACCOUNT NUMBER

ELECTRONIC PAYMENT OPTIONS *Please tick an option for your payment*

**Same Day** Electronic Payment Request at a **fee of £30.**

**Please note this fee will be debited to the same account**

☐

**Next Day** Electronic Payment Request free of charge

☐

(Please note: Electronic Payment Request to be received no later than 2pm)

### PAYMENT DETAILS:-

PAYMENT AMOUNT (£)

AMOUNT IN WORDS

Please indicate if the account you are making the payment to is a Business or Personal account (tick as appropriate)

BUSINESS ACCOUNT

☐

PERSONAL ACCOUNT

☐

BANK SORT CODE

BANK ACCOUNT NUMBER

FULL NAME OF PAYEE (AS IT APPEARS ON THE RECEIVING BANK ACCOUNT)

YOUR REFERENCE

ACCOUNT HOLDERS ADDRESS

I/We agree to stand the penalty interest if applicable

Contact Telephone No:	Contact Telephone No:
CUSTOMER SIGNATURE:	CUSTOMER SIGNATURE:
Date:	Date:

<b>CSA OFFICE USE ONLY</b>	
Signature checked, Balance Checked, cleared funds available to cover payment and charge - CSA to check	Signed & Date
Payment input on bankline	Signed & Date
Details and Signature Verified (Checked paper work and system)	Signed & Date
Payment approved	Signed & Date
Payment punched & statement produced	Signed & Date
Statement & passbook checked	Signed & Date

Feb-24

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