TEMPLATE BACS SCHEDULE – PAYMENTS TO CAPS

EMPLOYER NAME:
ADDRESS:
TELEPHONE NUMBER:
EMAIL ADDRESS:
DATE BACS CREDIT SENT:

NAME APPEARING ON BACS SCHEDULE (If different to Employer name)

DEFENDANT/EMPLOYEE NAME	CASE/CLAIM NUMBER	AMOUNT SUBMITTED
		Corred Tatal
		Grand Total

Please email the schedule to ntonbacs@hmcourts-service.gsi.gov.uk on the same day that you submit the payment via BACS to the bank.

N.B. IF YOU WISH TO PRODUCE YOUR OWN VERSION OF THE SCHEDULE IT MUST CONTAIN THE ABOVE INFORMATION SO THAT WE CAN ACCURATELY PROCESS EACH PAYMENT – THANK YOU.