MCA

PB

# Payment Request for Payment by BACs (for Professional Deputies Only)

**Please read the following guidance notes before completing this form in BLOCK CAPITALS and black ink.**

- Case number: Insert the 8-digit case reference number (this can be found on the First General Order or any other correspondence received from the Court of Protection) in the spaces provided.
- Insert purpose of the payment requested (if this is for a gift or charitable donation please attach form **PG**)
- Insert the amount required, and the Deputy's bank account details in the spaces provided.
- **Please note – this form should only be used when funds need to be paid direct to your firm's client account, where the deputy is a solicitor in the firm. In all other cases the form P should be used for payment to the deputyship account.**

For CFO use only
Empowerment Case

| | |
|---|---|
| **Client Family/Surname** | |
| **Client Forename(s)** | |
| **Case Number:** | |

| | |
|---|---|
| **Payment Purpose:** | |

(If for a gift or charitable donation please attach form **PG**)

To: The Accountant General, Court Funds Office, 22 Kingsway, London, WC2B 6LE

| | | | | | |
|---|---|---|---|---|---|
| **Amount Required:** | **£** | | | | |
| **Amount in words:** | | | | | |
| **Client Account title:** | | | | | |
| **Name of Bank:** | | | | | |
| **Bank address:** | | | | | |
| | | **Postcode** | | | |
| **Account number:** | | **Sort Code:** | | | |
| **Deputy Name:** | | **Daytime Contact No.:** | | | |
| **Company Address:** | | | | | |
| | | **Postcode** | | | |
| **DX No.:** | | **Fax No.:** | | | |
| **Signed:** | | **Dated:** | | | |

## For CFO use only

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Account Number:** | | | | | | | | | | **Sched Reg:** | | | | | | | | | |

Date received: DD MM YY

| | Processed | Date |
|---|---|---|
| **COM** | *Tick* | |
| **WDL** | *Tick* | |
| **CHQ** | *Tick* | |

CFO Band D AUT STAMP