Confirmation of Payee Request Form



Opting Out of Confirmation of Payee

All eligible customers have been automatically opted in to Confirmation of Payee (CoP), a service that checks the name of your account when a payment is received. It is designed to help protect you against fraud, and payments going to the wrong account. We'll only agree to opt-out requests in exceptional circumstances.

If you opt out of Confirmation of Payee, your account won't be checked when another person, yourself or a business tries to make a payment to it.

I would like to:	,	Please tick one						
Opt out of Confirmation of Payee								
Opt back in to Confirmation of Payee (Only possible if you've already opted								
Your details								
Title								
First name(s)								
Middle name(s)								
Surname								
Date of birth								
Building name/number								
Street								
Town/City								
County								
Postcode								
Account details								
Account Name								
Account Number(s)								
Opt out request reason								
Please let us know why you want to opt out of Confirmation of Payee:								

Processing your request

Opt out – Once we've reviewed your request, we'll write to you within one calendar month to let you know the outcome and any next steps.

Please note

Customer Number

For joint accounts, both parties must provide consent before opt out is considered. If opt out request is approved, this will be applied to all of your accounts, including any joint accounts, but not any accounts held by joint parties in their sole name/right.

If your opt out request is approved, you can opt back into Confirmation of Payee later by using this request form.

Opt in – We'll process your request within one calendar month. To minimise the amount of correspondence you receive from us, we won't send a confirmation letter.

n									
I declare that the information provided in this form is correct to the best of my knowledge.									
parties must sign.									
			Date						
			Date						
ted form to:									
ng Society									
					V1 February 2024				
		Date							
	Name			Initial					
		Account Nu	ımber						
	parties must sign. ted form to:	parties must sign. ted form to: ag Society	nation provided in this form is correct to the best of my knowled parties must sign. ted form to: Ing Society Date Name	parties must sign. Date Date Date Date Date Date Date	nation provided in this form is correct to the best of my knowledge. parties must sign. Date Date Date Date Date Name Name Name Date Date				

Account Number