



## Falkirk Council

Finance Services

### PENSION CREDIT TRANSFER

Please provide the following information to allow your pension to be paid to your Bank, Building Society or Post Office account.

Please note that your pension must be paid to an account in your name or held jointly with you.

If you are a current Falkirk Council pensioner and you want to change the details already held by the Pension Section **you must** provide both your current and new banking details.

Name:	_____	Pension Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:	_____ _____		
Post Code:	_____	Telephone No:	_____
Former Employer:	_____		

#### Current Bank/Building Society/Post Office Details

Name of Account Holder:	_____		
Name of Bank/Building Society etc.:	_____		
Branch address:	_____ _____		
Sorting Code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Society Roll reference (if applicable):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

#### New Bank/Building Society Details/Post Office Details

Name of Account Holder:	_____		
Name of Bank/Building Society etc.:	_____		
Branch address:	_____ _____		
Sorting Code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Society Roll reference (if applicable):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

<b>Please sign and date:</b> Signed: _____ Dated: _____
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**Please return to:**  
Falkirk Council, Pensions Section, PO Box 14882, Municipal Buildings, Falkirk, FK1 5ZF