

Tasker Payment Services

7 Troon Court, Perton. West Midlands. WV6 7YW.
T: 01902 758583 E: leanne@taskerpayerservices.co.uk



Customer Consent Form

Surname _____

First Name(s) _____

Title _____

Tenancy Address _____

Post Code _____

Telephone _____

NI Number _____

Date Of Birth _____

- I give my permission to Tasker Payment Services to transfer £_____ of my _____ payment every week/fortnight/4weeks/month to the payee overleaf.
- I would like my remaining balance sent to my account:
Bank _____
Sort Code _____
Account number _____
- I give Tasker Payment Services permission to share information relating to my account with the payee named overleaf.
- I have read and understood the attached terms and conditions.

Signed _____

Name _____

Date _____

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