

Refund From Your GCVS Account

Should you need any assistance completing this form please contact us on 0141 332 2444 (Opt 2)



Glasgow Council for the Voluntary Sector

Employer Information

Employer Name:		GCVS Ref No:	
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Total Amount To Be Refunded:	£
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Bank Account Details - This Must Be The Above Employers Account and The Account The Funds Came From

8 Digit Account Number:	
6 Digit Sort Code:	
Name on Account:	
Bank Name:	
Branch:	
Reason For Refund:	

Authorisation For GCVS To Release This Refund

Signed:	
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This must be an authorised payroll contact named on the client contact sheet

Print Name:	
Position:	
Date:	____/____/____

For GCVS Office Use Only

Signed:	
Account Balance:	
Transfer Sheet Completed:	____/____/____
Passed To Finance Dept:	____/____/____

