# Regular payment request

CFO R
(12.11)

**Please indicate type of instruction:** ☐ **New** ☐ **Amend** ☐ **Renew** ☐ **Stop**

Full name of the person who lacks capacity

Case number

CFO account number

Full name of deputy

Date of court order

Please send £ : to the deputy bank account on the day

☐ monthly ☐ quarterly ☐ half yearly ☐ annually

Starting from for months.

**We will continue to make this regular payment request unless you instruct otherwise, there are insufficient funds held in court to make payment or the payment will exceed any restriction imposed by the court.**

Reason for payment

Name of bank

Address

Postcode

Account name

Account no.

Sort code

**Signed**

**Name**

**Telephone no.**

**Ref.**

**Date**

**Address**

Postcode

## How to contact the Court Funds Office

Customer Helpline

0845 223 8500

Email

enquiries@cfo.gsi.gov.uk

Address

Court Funds Office
Glasgow
G58 1AB

Court Funds Office
DX 501757
Cowglen

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