

**TO BE USED FROM 1 MARCH**

PARISH (if not for whole benefice): \_\_\_\_\_  
 BENEFICE/TEAM MINISTRY: \_\_\_\_\_  
 INCUMBENT/PRIEST IN CHARGE/VACANCY: \_\_\_\_\_  
 FEES CONTACT NAME: \_\_\_\_\_  
 CONTACT DETAILS (Tel./email): \_\_\_\_\_  
 MONTH / QUARTER: \_\_\_\_\_

*Please note: all reference codes, fees and user notes can be found on the separate "Record of Fee Income" table.*

*Any queries, please contact 01749 670777*

*or email: fees@bathwells.anglican.org*

Date	Fee Code	Family Name(s)	Name of Church <small>(only required if form applies to multiple churches)</small>	Name of Officiant <small>(Please indicate if "PTO")</small>	Retired Clergy? Y/N	DBF Fee £	PCC Fee £	Retired Clergy Fee £

<b>Declaration &amp; Signatures</b>		<b>Office use only</b>		<b>Payment Method</b>	
I declare that all information provided on this form is true, correct and agreed to the parish records and registers.		Parish Ref: _____		Cheque Enclosed <input type="checkbox"/>	
PCC Signature	_____	Banked: <input type="checkbox"/>		Paid by BACS <input type="checkbox"/>	
Incumbent Signature	_____	Date: __/__/22			
Date	_____	Complete: <input type="checkbox"/>			

Please quote your parish name and "FEES" in the reference when making BACS payments

**BACS Details (Send DBF Fee total ONLY):**

Bath & Wells DBF  
Sort Code: **60-23-06**  
Account No: **52161242**