Bank of St. Helena Ltd.
www.sainthelenabank.com

MULTIPLE CHEQUE PAY IN ITEMISATION FORM

	Debit Account Name	Debit Account Number	Cheque Number	Amount (£)	Narrative/ Reference
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Date Submitted:_____

Signature(s) _____

_____

Page Total Submitted   0.00

Total Posted by Bank (Bank Use)

 Total Charges (Each Cheque received will be charged at 50p - Bank use)

Credit Account Number	
Credit Account Name	
Journal Narrative/Reference	

BANK USE ONLY		
Ref:	Input By:	
Date:	Checked By:	
Debit Customer Account No.	Credit Account No. 99961001	Ref: