



**JUST BREATHE**  
SUPPORTING THE CYSTIC FIBROSIS COMMUNITY

# PAYMENT FORM

## BANK ACCOUNT DETAILS

Bank Name		
Bank Address		
Account Name		
Account Number		
Sort Code		

Just Breathe Cornwall (JBC) will provide an agreed contribution to the above details once your application is approved and verified. The personal information contained on this form will be destroyed once payment has been confirmed. Personal details recorded on this form will not be processed or held by JBC.

This form, once completed, should accompany your grant application form.

Please sign and print your name to confirm the details above are true and accurate.

Name \_\_\_\_\_

Signature

Print \_\_\_\_\_

Date