

Bank Account Details

Community Pharmacy West Yorkshire will act as an agent between the commissioner and each community pharmacy and will process service claims on behalf of the commissioner.

To enable payment for services delivered to be made by BACS transfer, direct to your bank account, please complete the form below and return to:

Freepost RSXK-TTAT-BXGU
Community Pharmacy West Yorkshire
Brooklands Court
Carr Moor Side
Leeds LS11 5HL

Please return this form immediately to ensure you are paid on time for the services you provide.

Pharmacy Name: _____

Pharmacy Postcode: _____ ODS Code: _____

Is the pharmacy VAT registered:	Yes / No	If yes, VAT Registration No:	
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Bank Name: _____

Bank Address: _____

Postcode: _____

Sort Code: _____ Account No: _____

Account Name: _____ Reference No: _____
(if required)

Is this notification of a change of bank details:	Yes / No	If yes, what is the effective date of this change?	
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Signed: _____ GPhC No: _____

Print Name: _____ Date: _____

Position: _____