

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

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 info@cpwy.org.

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:		Reference: (if required)	
Sort Code:		Account No:	
Account Name:			

Is this notification of a change of bank details?	Yes / No	If yes, date effective?	
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Signed:		GPhC No:	
Print Name:		Date:	
Position:			

This form should be returned, by email to: info@cpwy.org

If you have any queries, please contact us in the above email address or telephone 0113 2727560.