

Dental BACS Payment Form

(To register a new dental list number)

The Business Services Organisation's Dental Payment Team makes monthly payments for General Dental Services (GDS) by Bankers Automated Credit System (BACS).

Please provide the information requested in section 1 & complete section 2 & 3 so that your GDS payments can be paid directly into your nominated Bank Account.

Please note – to ensure compliance with good financial governance practice the BSO are required to verify details provided.

1. Please provide a copy of the bank statement for the nominated bank account, to include,

- | | |
|-------------------------|--|
| 1) Account holders name | 2) Address |
| 2) Date of statement | 4) Letterhead of Bank / Building Society |

Bank balance / transaction details are not required

2. Personal Details

Surname	<input type="text"/>	First Name/s	<input type="text"/>
DS Number	<input type="text"/>		
Practice Name	<input type="text"/>		
Practice Address	<input type="text"/>		
	<input type="text"/>		

3. Bank Details

Bank Name:	<input type="text"/>
Branch Address:	<input type="text"/>
SORT CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACCOUNT NO:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PLEASE CREDIT ALL PAYMENTS IN RESPECT OF THE DS NUMBER LISTED ABOVE TO THE BANK ACCOUNT STATED

Signature: _____ Date: _____