



Dental BACS Payment Form

(For use to **Change / Amend** existing banking details)

The Business Services Organisation's Dental & Ophthalmic Department (FPS) makes monthly payments for General Dental Services by Bankers Automated Credit System (BACS).

Please provide the information requested in section 1 & complete section 2, 3 & 4 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

First Name/s

DS Number

Practice Name

Practice Address

3. Old Bank Details

Bank Name:

SORT CODE:

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ACCOUNT NO:

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4. New Bank Details

Bank Name:

SORT CODE:

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ACCOUNT NO:

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Branch Address:

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

Signature: _____ Date: _____