

VitalityHealth
PO Box 617
Darlington
DL1 9FF



BACS PAYMENT APPLICATION FORM

Trust / Hospital / Facility name

Sites affected by change (name & address)

Postal address for provider statement

CONTACT INFORMATION

Contact name for provider statement

Job Title

Telephone number Fax number

Email address for provider statements
(email is the preferred method of communication)

BACS PAYMENT DETAILS

Account / payee name Account number
(appears on your check book or invoice)

Bank name Sort code

Signature Date

Print name Job Title

Please return to the address above