

New Supplier/Payee Payment Details

Please fully complete this form and sign the declaration Please ensure that the bank account name matches the Supplier/Payee.

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| **Your Details** | |
| **Supplier/Payee Name** |  |
| **Supplier Address** |  |
| **Supplier/Payee Contact Name** |  |
| **Supplier /Payee Contact Number** |  |
| **Supplier /Payee Email Address** |  |

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| **Payment Bacs Details** | | | | | | | | |
| **Account Name** |  | | | | | | | |
| **Name of Bank/Building Society** |  | | | | | | | |
| **Account Number** |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  |  |  |  |  |  |  |
| **Roll Number (if applicable)** |  | | | | | | | |

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| **Declaration** | |
| By signing below, you confirm that these are the bank account details you wish your  payments to be paid into and that this account will only be used for the purpose of receiving a Payment/s and paying for the goods/services it has been approved for. | |
| **Your Name** |  |
| **Position Held** |  |
| **Your Signature** |  |
| **Date** |  |

* Note for LBBD Staff, this form once completed and returned must be attached to your online request. Failure to do this will result in your request being rejected.