

Provider Application for BACS payments



Provider Registration (Dept. 10), Aviva, Chilworth House, Hampshire Corporate Park,
Templars Way, Eastleigh, Hampshire, SO53 3RY.

Provider Details

Provider name	<input type="text"/>		
Address for statements & remittance advices	<input type="text"/>		
Provider number	<input type="text"/>	Contact tel. number	<input type="text"/>

Payment & Bank Details

Account name	<input type="text"/>		
Sort Code	<input type="text"/>	Account no	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Declaration

I confirm and agree that:

- a) Aviva may at its discretion make payments for my services in to the nominated bank account by BACS payment;
- b) I will promptly repay any monies to Aviva that are incorrectly paid into my account by them.

Provider signature	<input type="text"/>	Date	<input type="text"/>
Please print name	<input type="text"/>		

Office use only

Date payment to be released from warehouse	<input type="text"/>		
ACM updated by	<input type="text"/>	Date	<input type="text"/>
Checked by	<input type="text"/>	Date	<input type="text"/>
GMS updated by	<input type="text"/>	Date	<input type="text"/>
Checked by	<input type="text"/>	Date	<input type="text"/>