

Provider application for BACS payments



Please return this to the Specialist Registration Team: post (Dept. 10), Aviva, Chilworth House, Hampshire Corporate Park, Templar's Way, Eastleigh, Hampshire, SO53 3RY, or email hcreg@aviva.com

Provider details

Provider name	<input type="text"/>		
Address for statements & remittance advices	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Postcode
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"/>		Postcode

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"/>

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www.aviva.co.uk/health