new account & 

amendments form... a P H O E N I X c o m p a n y

Vendor account no:

In order to process your claims as fast as possible, we would appreciate your co-operation by providing your bank details on the form below.

Please complete electronically where possible. Once completed and signed return to Resource Planning at: **L Rowland & Co (Retail) Ltd, Rivington Road, Whitehouse Ind Est, Runcorn, Cheshire, WA7 3DJ.** Email: **locumpayments@rowlandspharmacy.co.uk**

Your company name (if applicable): Co. reg no: GPhC reg. name: GPhC No: VAT number (if applicable):

Address:

Postcode: Tel no:

**All future claims must be completed with the same details as above to avoid delayed payments**

Email (for remittances only):

Bank name:

Address:

Name in which bank account is held:

Account no: Sort code:

Print name: Signature: Date:

**FOR OFFICE USE ONLY**

Documentation input by: Date: Secure data checked: Date: Documentation verified by: Date:

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