

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

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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: