

FORM COMPLETED BY	
DEPARTMENT/SECTION	
TELEPHONE NUMBER	

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YES

YES

NEW CREDITOR RECORD REQUIRED	[
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AMENDMENT REQUIRED

NO X

NO

(if YES refer to note above*)

Is this a purchasing Supplier?
Do you want to raise a payment
request? (auto AFP)

CREDITOR NUMBER (If amending existing record please state creditor number)							
PAYEE NAME							
PAYEE ADDRESS							
POST CODE							
EMAIL ADDRESS							
(for remittance advice)							
PHONE NUMBER							
FAX NUMBER							

The Council's preferred method of payment is **BACS.** Please ensure bank details have been obtained from the creditor.

BANK DETAILS FOR BACS PAYMENT													
SORT CODE							ACCOUNT NUMBER						
BANK ACCOUNT NAME													
BANK/BUILDING SOCIETY NAME													