Childcare Provider Bank Details Form

Please complete this document to ensure we have your correct details for payment purposes.

|  |  |
| --- | --- |
| Provider Name: |  |
| Business Name: |  |
| Address: |  |
|  |  |
| Post Code: |  |
| Contact Number: |  |
| Email: |  |

**Bank Details for BACS Payment** (please provide a copy of a redacted bank statement to verify the details you have completed below. The statement should not be older than 3 months and **must** be a business account)

|  |  |
| --- | --- |
| Bank Name: |  |
| Bank Branch: |  |
| Bank Address: |  |
| Bank Sort Code: |  |
| Bank Account Number: |  |
| Name on Bank Account: |  |

**To be Signed by the Bank Account Holder**

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date: |  |

**Please email your signed and completed form to:**

**Email:** earlyyearsprovider@haringey.gov.uk