

## 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](mailto:earlyyearsprovider@haringey.gov.uk)