|  |  |
| --- | --- |
| Supplier ID |  |

  *(for Payments Office use)*

UK BANK ACCOUNT (GBP)

**FORM 2 – To complete if first claim or if bank details have changed . . .**

**CLAIMANT TO COMPLETE IN CAPITAL LETTERS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email address |  |
| Student No  |  |

|  |  |
| --- | --- |
| Bank Name and Address |  |
| Bank account number ( 8 digits ) |  |
| Sort Code( 6 digits ) |  |

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

PLEASE PRINT AND SEND THIS FORM WITH YOUR AUTHORISED CLAIM TO:

PAYMENTS OFFICE, UNIVERSITY OF YORK, MARKET SQUARE, HESLINGTON, YORK YO10 5NH

Or EMAIL payments-office@york.ac.uk