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



 (for Payments Office use)

FORM 2 - OVERSEAS BANK ACCOUNT

**PLEASE COMPLETE FOR FIRST CLAIM or IF BANK DETAILS HAVE CHANGED . . .**

**CLAIMANT TO COMPLETE IN CAPITAL LETTERS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Student No (if applicable) |  |

|  |  |
| --- | --- |
| Currency to be paid |  |
| Bank Name and Address |  |
| Account number / IBAN number |  |
| SWIFT code / ABA number |  |

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

PLEASE PRINT AND SEND THIS FORM TO :

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

Or

EMAIL payments-office@york.ac.uk