

direct credit form

Please complete the whole form using a ball point pen and send to:

Instruction for Sovereign Health Care to pay your benefit claims directly into a bank account

Sovereign Health Care

Royal Standard House
26 Manningham Lane
Bradford
BD1 3DN

Originators Identification Number

7 1 0 8 6 6

Each policy holder must complete and sign a direct credit form authorising Sovereign Health Care to pay their benefit claim directly into a bank account

Policy holder details

Policy number	<input type="text" value="S"/> <input type="text" value="P"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address	<input type="text"/>
Policy holder name	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Bank details

Bank	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Bank account details

Name of account holder	<input type="text"/>		
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I authorise Sovereign Health Care to make all payments into this bank account until further advised

Print name	<input type="text"/>		
Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Signed	<input type="text"/>

Royal Standard House
26 Manningham Lane
Bradford BD1 3DN
Tel 01274 729472
Fax 01274 722252
cs@sovereignhealthcare.co.uk
www.sovereignhealthcare.co.uk

