Direct credit form

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

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



Sovereign Health Care

2nd Floor, West Wing The Waterfront Salts Mill Road Shipley Bradford BD17 7EZ

Originators Identification Number

7 1 0 8 6 6

Each policyholder must complete and sign a direct credit form authorising Sovereign Health Care to pay their claims directly into a bank account

Policyholder details	
Policy number	Address
Policyholder name	
	Postcode
Bank details	
Bank	
Address	
	Postcode
Bank account d	etails
Name of account h	older
Sort code	Older Account number
Sort code	
Sort code	Account number
Sort code I authorise Sovere	Account number
Sort code I authorise Sovere Print name	Account number Account until further advised

2nd Floor, West Wing The Waterfront Salts Mill Road Shipley Bradford BD17 7EZ Tel 01274 841130 cr@sovereignhealthcare.co.uk www.sovereignhealthcare.co.uk

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