



PA BANK DETAILS FORM

BANK/BUILDING SOCIETY DETAILS

SERVICE USER'S NAME: _____

SERVICE USER'S ADDRESS: _____

POST CODE: _____

CARER'S NAME: _____

CARER'S ADDRESS: _____

POST CODE: _____

CARER'S TELEPHONE NUMBER(S): _____

NAME OF ACCOUNT: (e.g.: name of account holder/holders):

NAME OF BANK: _____

ADDRESS OF BANK: _____

BANK SORT CODE: _____ - _____ - _____

ACCOUNT NUMBER: _____

I AM _____ (**CARER'S NAME**) CARER FOR _____
(**SERVICE USER'S NAME**) AND CONFIRM THAT I WILL ACCEPT MY WAGES AND EXPENSES
WHICH WILL BE PAID VIA BANK TRANSFER FOR THE SERVICES PROVIDED TO THE
SERVICE USER.

SIGNATURE: _____

DATE: _____ / _____ / 20 _____