



REQUEST TO RECEIVE PAYMENTS VIA BACS.

YOUR NAME (PLEASE PRINT) -----

ADDRESS -----

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POSTCODE -----

EMAIL ADDRESS -----

FAX NUMBER -----

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**BANK DETAILS**

NAME OF BANK -----

BRANCH -----

ACCOUNT NUMBER -----

SORT CODE -----

ACCOUNT NAME -----

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**FAX, OR POST TO**

**NORTH HERTFORDSHIRE DISTRICT COUNCIL  
MANAGEMENT SUPPORT UNIT (NAPPY CASHBACK)  
COUNCIL OFFICES  
GERNON ROAD  
LETCHEWORTH GARDEN CITY  
HERTS  
SG6 3JF  
Email – Sue.Graves@north-herts.gov.uk  
FAX NO 01462 474500**

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**OUR STATEMENT TO YOU**

The information you supply is confidential and will only be used in ways allowed by the Data Protection Act 1998.

This information will be seen by our Creditors section and staff who process invoices for payment. We require the information to enable us to pay any monies owed to you directly into your bank account. We will enter the details into our financial software and will delete the details either when you notify us of a change of bank details, or 6 years after the last payment was made to you. This information will not be shared with any other organisation, including other Council departments, except where necessary to help prevent and detect fraud.

<b>FOR OFFICE USE ONLY</b>	
SUPPLIER NO.....	PROC BY .....
DATE RECEIVED .....	DATE PROCESSED.....