

**EMPLOYERS NAME.....**

Carer completes and returns to PCVS Payroll.

## CARERS BANK ACCOUNT DETAILS FORM



<b>EMPLOYEE</b>	
<b>NAME</b>	
<b>ADDRESS</b>	
<b>POST CODE</b>	
<b>TELEPHONE NUMBER</b>	

<b>NAME BANK/BUILDING SOCIETY</b>	
<b>BRANCH</b>	
<b>SORT CODE</b>	
<b>ACCOUNT NUMBER</b>	
<b>ACCOUNT NAME</b>	

<b>SIGNED</b>	
<b>PRINT NAME</b>	
<b>DATE</b>	

On completion please return to  
**Managed Services - Direct Payments**  
**PCVS**  
**Allia Future Business Centre**  
**London Road**  
**Peterborough, PE2 8AN**  
**Email : [managedpayroll@pcvs.co.uk](mailto:managedpayroll@pcvs.co.uk)**