

VitalityHealth
Provider Services
St Christopher House
Wellington Road South
Stockport
Cheshire SK2 6NG
Email: cons_helpline@vitality.co.uk
Fax : 0161 216 7261

VITALITYHEALTH CHANGE OF BACS FORM

Name

GMC/GDC/HCPC:

Address

Email address

Account name

Account number

Bank name

Sort code

Signature

Date

Print Name

Please **download, complete, hand sign and return to Vitality** using the details at the top of this form.

Once your change of BACS is complete VitalityHealth will send you a confirmation email to the email address you have supplied above.

CHANGING HEALTH INSURANCE FOR GOOD

Vitality HEALTH INSURANCE