

# 10690 – Old Grammar School Dental Surgery Amendment of Patient Details

Please complete this form clearly and ensure it is returned as soon as possible

Name:	Date of birth:	Reference no:
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**Do you wish to cancel:**  
 Patient only  or all patients in this group

**Change of address:**

Old address:	New full address:
Postcode:	Postcode:

**Change of Bank details:**

Bank name:	Sort code:
Bank address:	Account number:
	Patient only <input type="radio"/> or patient group <input type="radio"/>

**Change of name:**

Old name:	New name:
Title:	Mr / Mrs / Miss / Mstr – delete as applicable or other:

**Change of plan:**

From: plan	Fee rate: £	To: plan	Fee rate: £
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**Change of dentist:**

From dentist:	To dentist:
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All changes to be made with effect from: 01 / /	
Signature of patient (if applicable):	Signed for practice:

Entered on system:	
Checked by:	

10690-0912-AF-v0912

## Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the form and send to: DPAS Limited, Place Farm Courtyard, Court Street, Tisbury, SP3 6LW

**Name and full postal address of your Bank or Building Society:**

To: The Manager	Bank/Building Society
Address:	
Postcode:	

**Service User Number**

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Reference: (office use only)

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10690

**Instruction to your Bank or Building Society:**

Please pay DPAS Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with DPAS and, if so, details will be passed electronically to my Bank/Building Society.

**Name(s) of Account Holder(s)**

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**Branch Sort Code**

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Bank/Building Society account number:

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✗ Signature of payer:	
Date:	

Banks and Building Societies may not accept Direct Debit instructions for some types of account.