# Southampton SOLENT University

# Ad-Hoc/Miscellaneous Payments - New Account Application Form V1.3

## 1. Southampton Solent University Use Only (This section must be filled in by the requesting department)

| Name: | School/Service: |
|---|---|

Brief description of reason for account:

| | Ext no: |
|---|---|

| Budget Holder Name: | Cost centre: |
|---|---|

| Budget signature: | Analysis Code: |
|---|---|

| Date: | Amount: | Project Code: |
|---|---|---|

## 2. Payee Details

Name:

Address:

| | Post Code: |
|---|---|

| Country (if not UK): | Telephone Number: |
|---|---|

Email address (for Remittances):

## 3. Bank Details (to enable us to pay you through BACS) – our preferred method

Sort Code: ☐ ☐ ☐ ☐ ☐ ☐  Account No: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

| Account Name: | BACS Ref: |
|---|---|

Your Bank/Building Society's Name:

Branch:

## 4. Authorisation

I authorise Southampton Solent University to transfer payments due to me to the account specified above and that all details on this form are accurate.

| Signature: | Date: |
|---|---|

## 5. For Finance Office Use Only

| Account Code: ☐ ☐ ☐ ☐ ☐ ☐ | PRT: **ADHOC** |
|---|---|

Date passed to Procurement:

Accounts payable checks completed Signature:

### Procurement

| Date Account created: | Checked: |
|---|---|

**Please return completed form accompanied with the Authorised Claim/Payment request to:**
**Accounts Payable, Finance, A101**