

# COMMITMENT PAYMENT MANDATE

If claiming Commitment Payment for the first time, complete parts 2 and 3 only

If you already receive payment, but your bank account has changed, complete parts 1, 2 and 3

## Part 1 - Previous bank details

Bank name	<input type="text"/>	Bank sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Address of branch (inc postcode)	<input type="text"/>	Bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Account name	<input type="text"/>

## Part 2 - New bank details

I, , hereby authorise all payments due to me in respect of my Commitment Payments to be paid into the Bank Account detailed below:

Bank name	<input type="text"/>	Bank sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Address of branch	<input type="text"/>	Bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account name	<input type="text"/>

## Part 3 - Contact details

The contact practice address for this list number should be (However, if you have resigned from NHS practice, please complete box on right)	<input type="text"/>	Please send my Commitment Payments to the following address	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

My Commitment Payments should be superannuated (if your ordinary List Numbers are included in the superannuation scheme, you should select 'yes')  Yes  No

Signature  Date --

## Part 4 - Internal use only

Personal number  Date received -- Complete date -- Processed by

Email completed forms to Practitioner Services from your NHS.Scot email address to ensure secure transfer of personal information, alternative email addresses should only be used in the absence of a NHS email address.

Send completed form to [NSS.psd-dental-payments@nhs.scot](mailto:NSS.psd-dental-payments@nhs.scot) with 'Commitment Payment Mandate Form' in the subject field.

**Do not send this form by post.**