

Avon & Somerset Police Federation Personal Accident claim form (continued...)

Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____

Signed..... Date.....

(Authorising the payment of benefits direct to the above account)

Claimants full name: _____

Once completed please print this form and sign it.
Fully completed forms should be sent to the Federation office at the address overleaf.

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