Amendment to bank details



 Restaurant De Please ensure this sec 	tails tion is completed in full		
Restaurant Name		Address	
City/Postcode		Date	
2. Restaurant Over Please ensure all deta	wner (s) ils are entered in full and match our recor	ds exactly Telephone No. (s)	
Mobile No. (s)		Email address	
	bove Business authorise JUST EAT to make all payme		n JUST EAT to the Bank account detailed below.
Restaurant Owner's Signature Please note only hand written or e-signatures can be accepted 3. Bank account details Please ensure this section is completed to match your proof of bank entirely			
Bank Name		Bank Account Holder's Name	
Bank Account Number (This is an 8 digit number apart from Lloyds which has 7)		Sort Code (This is a 6 digit number)	
What is the account holder's relationship to the owner of the restaurant? What is the reason for bank change?			
Account Holder's Signature		Date	
Please return this form AND the following 2 documents via Email bankforms@just-eat.co.uk			
Driv	oof of ID (Scanned copy or picture) ving license or Passport or ID CARD ure signature on ID is visible)		f of bank account

Please note, all completed and accurate documents received by Monday 5pm, will result in payment being received on current week's Friday. Any documents received after Monday 5pm will result in the delay of a further invoice period (one additional week)