



Please complete all sections of this form in BLOCK CAPITALS

To (Name of Bank)

Address

Post Code

Account Holder(s)

Address

Post Code

Sort Code

Account Number

Please pay the sum of

£

Monthly*

Quarterly*

Annually*

* Delete as appropriate

Commencing on

and thereafter until further notice

Signature: _____

Date: _____

/ /

Please cancel any existing standing order for the above account for:

£

The Parish Gift Aid Organiser to complete the following:

To: HSBC Bank plc,
69 Pall Mall, London, SW1Y 5EY

Parish:

Sort Code

Account Number †

4 0 0 5 2 0

Gift Aid Declaration Number:

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER