



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

Sort Code					

Account Number

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					
4	0	0	5	2	0

Account Number †

Account Number †							

Gift Aid Declaration Number:

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PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER