



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

4 1 0 7 7 3 0 9

Gift Aid Declaration Number:

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER