

STANDING ORDER FORM DETAILS

Please set up following Standing Order and debit my account.

Title:	First Name:	Surname:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		
<input type="text"/>		
Post Code:	Tel No:	Mobile No:
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR BANK DETAILS

Account Holder Name:	<input type="text"/>		
Account No:	<input type="text"/>	Sort Code:	<input type="text"/>
Name of Bank:	<input type="text"/>		
Bank Address:	<input type="text"/>		
	<input type="text"/>		

BENEFICIARY DETAILS

Name:	<input type="text" value="The Bilal Academy"/>
Bank Name:	<input type="text" value="National Westminster Bank"/>
Bank Address:	<input type="text" value="33 Park Street, Walsall, West Midlands, WS1 1ER"/>
Bank Account:	<input type="text" value="Sort Code: 60-22-22 A/C Number: 67559662"/>

ABOUT PAYMENT & PAYMENT DATES

Amount of Normal Payment:	<input type="text" value="£"/>	REF NO:	<input type="text"/>
Please debit my account on the	<input type="text" value="DD / MM / YYYY"/>	of each month	
Commencing:	Date of last payment:	Total Payments:	
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	

AUTHORISATION

Print Full Name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>

GIFT AID IT!

Please treat all gifts of money that I have made in the past and all future gifts of money that I make from the date of this declaration as Gift Aid donations. I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year. I understand that Bilal Academy will reclaim 25p of tax on every £1 I give.

Signature:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
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