

Charity Reg : 1159456

STANDING ORDER FORM (HIFDH) DETAILS

Please set up following Standing Order and debit my account.

Title: **First Name:** **Surname:**

Address:

Post Code: **Tel No:** **Mobile No:**

Account Holder Name:

Account No: **Sort Code:**

Name of Bank:

Bank Address:

Name:

Bank Name:

Bank Address:

Bank Account:

ABOUT PAYMENT & PAYMENT DATES

Amount of Normal Payment (every month): **REF NO:**

Please debit my account every month for 12 installments; from

Commencing Date: until you receive further notice from me.

Print Full Name:

Signature: **Date:**

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: **Date:**