

**KING DAVID SCHOOLS**

Financial Administration Dept. Eaton Road, Manchester M8 5DY  
Telephone: 0161 740 3181. Fax: 0161 741 5081

**BANKER'S ORDER FORM: SIXTH FORM CONTRIBUTIONS**

**Please return this form to the school immediately**

**Do NOT send it directly to your bank**

To: The Manager

\_\_\_\_\_ (Bank Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make the payment below and debit my/our account accordingly. This instruction cancels any previous order in favour of the King David School **SIXTH FORM Account.**

Credit: King David Schools **SIXTH FORM** Account (No. 65034312) at: -  
The Co-operative Bank, P.O. Box 101, 1 Balloon Street, Manchester.  
M60 4EP. Sort Code 08-90-00.

Amount: £ \_\_\_\_\_ in words \_\_\_\_\_

\_\_\_\_\_

Quoting Parental Reference Number and Surname: A \_\_\_\_\_

Payments to be made on the 15<sup>th</sup> day of each month from 15/ /0 until 15/ /0 **inclusive.**

Debit: Account title \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_

Signed (1) \_\_\_\_\_

(2) \_\_\_\_\_

Dated: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_ Tel: \_\_\_\_\_

Name(s) of child/ren

1. \_\_\_\_\_ School 2. \_\_\_\_\_ School

3 \_\_\_\_\_ School 4 \_\_\_\_\_ School