KING DAVID SCHOOLS

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

BANKER'S ORDER FORM: NURSERY FEES

Please return this form to the school immediately Do NOT send it directly to your bank

To: The	Гhe Manager					
_	(Bank Name)(Address)					
_						
Please make	e the payment bel	ow and debit my/	our account accord	lingly		
Credit:		tive Bank, P.O. B	RY Account (No. 6 lox 101, 1 Balloon S			r. M60 4EP.
Amount:	£					_
Quoting Par	rental Reference		name: <u>N</u>			_
Payments to	be made on the 3	30 ^h day of each m	onth from / /	until /	/	inclusive.
Debit:	Account title				_	
	Account Number				ì	
Signed	(1)				_	
	(2)				•	
Dated:					-	
Your name:						
Address:						
	Post code	Tel:				
Name(s) of o	child (ren)					
1		2.			•	
2		4				

U.K. Charity No. 526631