

**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

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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: S \_\_\_\_\_

Payments to be made on the 30<sup>th</sup> day of each month from 30/ /13 until further notice.

Debit: Account title \_\_\_\_\_  
Account Number \_\_\_\_\_  
Sort Code \_\_\_\_\_

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

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

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

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

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

Name(s) of child (ren)

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

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