

STANDING ORDER FORM To The Manager (Your bank)



I/We hereby auth	norize and re	equest you	to debit my/o	our account		
Your Account Name						
Accounts Detai	ls					
Sort Code	Account N	lumber		Amount		Frequency MONTHLY
Start Date				End Date: UNTIL FURTHER NOTICE		
And Credit						
Emmanuel Cor	mmunity Sc	hool				
Sort Code: 20-37-83			Account Number: 03484238			
Quote Reference (So the payment	ce: (YOUR C t is allocated	HILD'S Note that the correctly	AME):)			
SIGNED						
SIGNED						

Either send this form to your bank Or call/set up online if you have online banking. Remember Extended School places must be paid for in advance.