



Friends of St Damian's School Lottery

Ref No:

First Name:

Mr/Mrs/Ms/other:

Surname:

Address:

Postcode:

Telephone Number:

Name of Child:

Year Group:

Number of £1 Entries: (please tick)
(per calendar month)

1

2

3

4

5

Other

Please state amount in words

Signature _____ Date _____

N.B. VERY IMPORTANT

Please fill in the above form and return to the school with a completed and signed Standing Order Form attached.

STANDING ORDER MANDATE

Bank plc _____ Branch

PLEASE TICK RELEVANT BOX:

NEW INSTRUCTION

Please amend previous standing
Order quoting reference/beneficiary

1. ACCOUNT TO BE DEBITED: (your account details- PLEASE COMPLETE)

Sort Code:

--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--

Name on your Account:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Bank Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Bank Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. BENEFICIARY DETAILS: (completed by Friends of St Damian's School Lottery)

Bank: **BARCLAYS** Branch Details: **OLDHAM** Sort Code: **20-64-12**

Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Beneficiary: **ST. DAMIAN'S LOTTERY**

Reference:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. PAYMENT DETAILS: (your payment details- PLEASE COMPLETE)

Amount of first payment £

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of First Payment:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of usual payment £

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of usual payment in words:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

When Paid: **MONTHLY**

Date of usual payment: **1st of every month**

Amount of last payment: n/a

Date of last payment: n/a

or PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE: **YES**

4.

Your Signature:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your contact telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please complete sections 1, 3 & 4 and return form to school for final completion

