



COLLEGE BURSARY BANK FORM 2019/20

PLEASE COMPLETE BELOW IN BLOCK CAPITALS

Bank Account Holders Full Name	
Full Postal Address	
Bank Details	
Name	
Address	
Sort Code (6 digits)	
Account Number (8 digits)	

Student Full Name _____ Form _____ Date _____

Student Signature _____

If the payments are paid into a bank account that does not belong to the student please ask the bank account holder to read and sign this form.

(Student name)

I, the bank account holder, agree for payments in relation to _____
To be paid into my bank account from St Hilda's College in relation to Bursary fund.

Please tick

Signature of Account holder if not the student _____

Name _____

Relationship to student _____

Please return this form to Miss Judge, College Manager (Pastoral)