

COLLEGE BURSARY BANK FORM 2020/21



ST HILDA'S
COLLEGE

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)	

WISDOM
HOPE
COMMUNITY
DIGNITY
EQUALITY

Student Full Name _____ Form _____

Student Signature _____ Date _____

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 below.

I, the bank account holder, agree for payments in relation to _____ (Student name)

To be paid into my bank account from St Hilda's College in relation to Bursary fund.

Signature of Account holder if not the student _____

Name _____

Relationship to student _____

Please return this form to Miss S McDonald, College Manager

The 6th Form
@ St Hilda's