

COLLEGE BURSARY BANK FORM 2023/24



ST HILDA'S
COLLEGE

PLEASE COMPLETE BELOW IN BLOCK CAPITALS

Bank Account Holder's Full Name	
Full Postal Address	
Bank Details (Name of bank and branch)	
Sort Code (6 digits)	
Account Number (8 digits)	

Student Full Name _____ Form _____

Student Signature _____ Date _____

Please return this form to Mrs L McMillan, College Manager.

The 6th Form
@ St Hilda's