

Bank Instruction

One off Payment



Please complete this form in BLOCK CAPITALS and in black ink

ToBank

Please pay from my account

Account details

Account Name

Account Number.....

Account Sort Code.....

Payee details

Danske Charity Account No. 3 Account

Name of Organisation you are paying.

Sort Code of the Bank you are paying

Account Number of Organisation you are paying

One Off Payment

Date & Amount Date Amount

Confirmation

Customer signature

Date