



Company No 5537293
Tel: 0870 745 4781 Fax 0870 745 4785

(BLOCK CAPITALS PLEASE)

Your Personal Details	
First Name:	Surname:
Address:	
Post Code:	

Your Bank Details	
Bank Name:	
Address:	
Post Code:	
Account Name if different from above:	
Account Number:	Sort Code:

This agreement is to commence on the _____ day _____ 200____
And thereafter on the same day each Month Quarter Year until further notice.

Please transfer the sum of £ _____/ _____ p to the account of:

Feed the Hungry
Barclays Bank
Northampton
Wellingborough Rd Branch

Sort Code: 20 – 61 - 51
Acc No:- 10825131

To Bank:	<i>Please show this as ref number on statements</i>
Statement Ref No:	FTH/

Signed: **Date:**200.....

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IMPORTANT NOTE:
Please return this form to:

Feed the Hungry
Grace International Centre, P.O. Box 2315, Walsall, WS2 7YA
We will forward this to your bank.