



MEAP - Twilight Supplementary Schools

STANDING ORDER FORM

To: (insert name and address of your bank) _____

Sort Code: ____/____/____ Account No: _____

Please pay _____ each month

I wish to pay £ _____ (please also state the amount in words) _____ each month to Making Education a Priority (MEaP).

Sort Code: __01_/__05_/__11_ Account No: __36703850__

Please start on ___/___/___ and each month until _____

Signature: _____ Date: ____/____/20__

(Please insert details of person setting up standing order below):

Title: (Mr/Mrs/Dr etc) _____ Name: _____

Address: _____

Post code: _____

Phone: _____ Email: _____

Quoting your Child's Name as Reference _____