

**REQUEST FORM TO SET-UP A DIRECT DEBIT  
FOR WEEKLY OFFERING**

To: The Manager (Name and address of Bank)

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NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SORT CODE: \_\_\_\_\_

**PLEASE APPLY TO MY ACCOUNT THE FOLLOWING INSTRUCTIONS:**

BENEFICIARY NAME: Holy Family Parish Account

BENEFICIARY ACCOUNT NUMBER 279 336 79

BENEFICIARY SORT CODE: 90 21 27

MONTHLY

DATE OF THE MONTH

START DATE

AMOUNT £

PLEASE QUOTE REF  
(NAME followed by W.O.)

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SIGNATURE \_\_\_\_\_