



Morecambe Bay  
Hospitals Charity  
*Supporting your local NHS Hospitals*

## REQUEST FOR DIRECT BANK PAYMENT

Please transfer from my account:

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Sort Code \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

The sum of £\_\_\_\_\_ per month for \_\_\_\_\_ months, or until I terminate this arrangement in writing.

To commence \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Only to be completed if you are a UK tax payer**

I am a UK tax payer and would like you to Gift Aid my donation YES / NO

Signed \_\_\_\_\_

Please return this form to: Morecambe Bay Hospitals Charity, Royal Lancaster Infirmary, Lancaster, LA1 4RP. Telephone 01524 516064/5/6

### TRUST USE ONLY

Bank Name:  
Address

NatWest Bank  
68 Church Street  
Lancaster  
LA1 1LN

Sort Code:  
Account Number:  
Account Name:

01 – 54 – 90  
22104003  
Morecambe Bay Hospitals Charity

Please quote reference: \_\_\_\_\_