



supporting
life's journey
together

Registered Charity 1046665

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: _____

Signature:

Date:

Only to be completed if you are a UK tax payer

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

Signature:

Please return this form to:

**Bay Hospitals Charity
Royal Lancaster Infirmary
Lancaster
LA1 4RP**

Tel: 01524 516064 / 5 / 6

TRUST USE ONLY

**UK Bank Name: NatWest Bank
Address: 68 Church Street
Lancaster
LA1 1LN**

**Sort Code: 01-54-90
Account No. 22104003
Account Name: Bay Hospitals Charity**

Please quote reference:

Bay Hospitals Charity
Royal Lancaster Infirmary
Lancaster LA1 4RP
T: 01524 516064

Bay Hospitals Charity
Furness General Hospital
Barrow in Furness LA14 4LF
T: 01229 404473