To Manager

(Your Bank Name and Address)

I/We hereby authorise and request you to debit my/our Account Details

Account Name	
Sort Code	
Account Number	
Amount	
Frequency e.g Monthly/Quarterly	
Start Date of Payment	
End Date of Payment	
Number of Payments	

Credit Account

Account Details

Account Name	HopScotch Children's Charity
Sort Code	The Royal Bank of Scotland
	Edinburgh Stockbridge Branch, 12 North-West Circus Place
	Edinburgh, EH3 6SX
Sort Code	83-20-02
Account Number	00138231

Signature	
Print Name	
Date	

If you are a UK Tax Payer and would like HopScotch Children's Charity to claim Gift Aid on your kind donation. Please complete the Gift Declaration Form which can be found on our website and send it to our office. This Standing Order form needs to be sent to your own Bank for them to process. Thank You