



Direct Debit

FORM "A" (TO BE COMPLETED AND SENT TO YOUR BANK)

To: The Manager Bank

Please pay the sum of £ on 20.... to National Westminster Bank, 70 Denmark Hill, London SE5 8TT (Code 50.10.29) to be credited to the Friends of King's College Hospital, King's College Hospital, London SE5 9RS (Account No. 20028717) and continue to make a similar payment on of each year until this order is cancelled in writing, charging such payments to the debit of my Account.

Date..... Account No..... Sort Code

Signature..... Name.....

Address.....

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FORM "B"

(TO BE COMPLETED AND RETURNED TO THE ADMINISTRATOR, FRIENDS OF KING'S COLLEGE HOSPITAL, KING'S COLLEGE HOSPITAL, DENMARK HILL, LONDON SE5 9RS)

I have instructed the Branch of.....Bank

to credit your Account with the sum of £..... on 20...., and annually thereafter.

Name in block letters

Signed..... Date.....

Address.....

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