New Starter/Account Modification Form

School Name: _____

1.This application relates to the account listed below:

Account Name: _____

Account Number: Sort Code:

2. Please confirm additional requirements:

☐	Authorise BACS	☐	View balances + statements
☐	Import BACS	☐	Upload Payments
☐	Remove user		

3. Full name of existing account user being removed:

4. Please confirm additional user details:

Surname: _____ Forename: _____

Job Title: _____ Email Address: _____

Permanent: ☐ Temporary: ☐ Start date: ___/___/___ End Date: ___/___/___

5. School Information:

Address: _____

Postcode: _____ Telephone no: _____

6. Confirmation:

Head Teacher: _____ **Signed:** X _____

Date: ____/____/____

Please return this form to Jessica Rolle
Email: Jessica.rolle@learningtrust.co.uk
Tel: 0208 820 7623
Hackney Learning Trust 1 Reading Lane, London E8 1GQ