## New Starter/Account Modification Form

| School Name:                                       | <del></del>                                |
|--|--|
| 1.This application relates to the account listed I | pelow:                                     |
| Account Name:                                      |  |
| Account Number:                                    | Sort Code:                                 |
|  |  |
| 2. Please confirm additional requirements:         |  |
| Authorise BACS Import BACS Remove user             | View balances + statements Upload Payments |
| 3. Full name of existing account user being remo   | oved:                                      |
| 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: Sign                                 | ed: _X                                     |
| Date:/   |  |

Please return this form to Jessica Rolle

Email: Jessica.rolle@learningtrust.co.uk

Tel: 0208 820 7623

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