



THE UNIVERSITY OF
BUCKINGHAM

Student ID Number:

Date:

STUDENT NAME:

SPONSOR AUTHORISATION (if applicable)

"I authorise the University of Buckingham to transfer any credit balance, currently held on
on the student account (named above)

To the bank account detailed below

(Sponsor's signature) _____

Sponsor's name

BANK TRANSFER INFORMATION

I authorise the University to transfer any credit balance on the above account, to the bank account
detailed below:

Signed Student

Bank Name:

Bank Address:

| | |
|----------------------------------|--|
| Bank Account Number: | <input type="text" value="00903957"/> |
| Name of Account holder | <input type="text" value="Gerald Ani"/> |
| Sort Code: (UK Banks) | <input type="text" value="04-29-09"/> |
| Iban No: (European/INTL Banks) | <input type="text"/> |
| Swift No: (International Banks). | <input type="text"/> |
| Contact number for student: | <input type="text" value="07466467341"/> |

Please return to Student Fees: studentfees@buckingham.ac.uk