

# COIF Charities Deposit Fund

## Multiple deposit form

Date

Account name

Please DEPOSIT the enclosed cheque(s) made payable to the **COIF Charities Deposit Fund** and credit the Accounts below: (We cannot accept cheques drawn by a third party)

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Account number

**C** Amount **£**

Amount in words

Total

Amount in words

Please continue overleaf

The transaction will be processed as detailed in the appropriate Fund's Scheme Particulars.

**Authorised signature(s) This form must be signed in accordance with the current mandate.**

Print name

Print name

Daytime telephone number

Daytime telephone number

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Senator House, 85 Queen Victoria Street, London EC4V 4ET Freephone: 0800 022 3505 [www.ccla.co.uk](http://www.ccla.co.uk)

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