STANDING ORDER FORM Set Up Form

Beneficiary logo /Name if applicable

To the Manager

Branch Address

I /We hereby authorise and request you to debit my/ our account
(Details of the account from which payments will be made)

Account Name:

BIC (optional from Feb 1st 2016)

IBAN

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account Name: KILQUADE PARISH NO. 2 A/c

BIC (optional from Feb 1st 2016) B O F I I E 2 D

IBAN I E 3 5 B O F I 9 0 1 1 3 2 1 4 2 1 1 0 2 8

*Beneficiary /Receiver Reference

Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic) D D M M Y Y Y Y

Frequency

Weekly		Fortnightly		Monthly	
Quarterly		Annually		Other	

Number of Payments

Amount

Signature | Date

Signature | Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to your branch.