



STANDING ORDER Set Up Form

St Patrick's GAA Club - Patron 500

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)

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IBAN:

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Account Name:

St Patrick's GAA Club

BIC:

(Optional from Feb 1st 2016)

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IBAN:

I E 2 4 B O F I 9 0 6 7 3 4 1 1 0 1 8 8 6 3

* Beneficiary /Receiver Reference

Reference will appear on Beneficiary/Receiver statement

Start Date:

(Cannot be historic)

D	D	M	M	Y	Y	Y	Y
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Number of Payments:

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Frequency:

Monthly

Other

Amount:

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Signature:

Date:

Signature:

Date:

**Please allow 5 working days prior to the first payment due date.
Please return the completed form to your branch.**