

Standing Order Form – Castleknock and Mulhuddart Parish

The Manager of:

Address of Bank:

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:

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IBAN:

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and to credit the beneficiary / Receiver account (*Details of the account to which payments will be made*):

Account Name:

BIC:

U	L	S	B	I	E	2	D
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IBAN:

I	E	5	9	U	L	S	B	9	8	5	0	9	0	2	5	0	9	0	0	8	8
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Beneficiary Reference:

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Reference which will appear on the beneficiary / Receiver Statement:

Start Date (ddmmyyy):

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Please tick box:

Weekly:

Quarterly:

Fortnightly:

Annually:

Monthly:

Other:

Amount:

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Number of Payments:

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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.**