

# Standing Order Form – Castleknock and Mulhuddart Parish

The Manager of:

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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:

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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:

Castleknock Parish
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BIC:

A	I	B	K	I	E	2	D
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IBAN:

I	E	8	2	A	I	B	K	9	3	2	5	1	5	0	3	5	6	7	0	8	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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:

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Quarterly:

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Fortnightly:

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Annually:

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Monthly:

--

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Other:

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Amount:

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Number of Payments:

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Signature:

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Date:

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Signature:

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Date:

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

Please return the completed form to your branch.