Standing Order Form - Clonsilla 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:

IBAN:

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

Account Name: Clonsilla Parish Church

BIC: | A | I | B | K | I | E | 2 | D

IBAN: | I | E | 9 | 2 | A | I | B | K | 9 | 3 | 1 | 1 | 3 | 6 | 0 | 8 | 0 | 1 | 4 | 0 | 1 | 4

Beneficiary Reference:

Reference which will appear on the beneficiary / Receiver Statement:

Start Date (ddmmyyyy):

Please tick box:

Weekly:		**Quarterly:**	
Fortnightly:		**Annually:**	
Monthly:			
Other:			

Amount: | | | | | | | . | | | **Number of Payments:**

Signature: | **Date:**

Signature: | **Date:**

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