# ***STANDING ORDER Set Up Form***

**Ardcath/Clonalvy Parish**

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

IBAN

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

Account Name: Ardcath/Clonalvy Church Funds

BIC B O F I I E 2 D

***2016)***

IBAN I E 9 1 B O F I 9 0 3 1 8 9 6 1 3 3 5 6 5 6

*Beneficiary /Receiver Reference

N.B. Please Insert your Envelope No. followed by your surname below

*Reference will appear on Beneficiary /Receiver statement*

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

Frequency (Please Tick)

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 bank.**