STANDING ORDER Set Up Form

Curraha 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: Curraha Church

BIC B O F I I E 2 D

2016)

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

*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.