

# STANDING ORDER SET UP FORM



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:

BIC

IBAN

\*Beneficiary /Receiver Reference

*Reference will appear on Beneficiary /Receiver statement*

**Start Date** *(cannot be historic)*

Frequency  Weekly  Fortnightly  Monthly  
 Quarterly  Annually  Other

Number of Payments

Amount to be paid €

Signature  Date

Signature  Date

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

Please return the completed form to your branch.

**BE PART OF A NEW VISION**  
**FITZGERALD STADIUM REDEVELOPMENT**