Standing Order Set-Up Form

To the Manager

Branch Address

I/We hereby authorise and request you to debit my/our account

Account Name(s)

IBAN

and to Credit the Beneficiary/Reveiver account

Turloughmore Hurling Club Development Account

BIC **A I B K I E 2 D**

IBAN **I E 7 2 A I B K 9 3 7 0 1 0 0 6 7 6 6 2 6 6**

Receiver Reference **545 Fundraising**

Start Date:

Frequency Weekly ☐ Monthly ☐ Quaterly ☐ 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 compleeted form to your branch