

REQUEST FOR A STANDING ORDER

PLEASE PRINT CLEARLY



To: The Manager, _____

You are authorised to set up a Standing Order on my/our account as specified below.

My/Our account will at times contain sufficient funds to enable each payment to be effected on the due date.

I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

CUSTOMER DETAILS

NAME: _____

ACCOUNT No.: _____

NSC: ____-____-____

SIGNED: _____

Please complete and submit to your bank - at least 5 working days before commencement of first payment date.

NEW STANDING ORDER FROM ABOVE CURRENT ACCOUNT

BENEFICIARY NAME: G S P C A

BENEFICIARY ACCOUNT: 5 3 5 9 3 1 2 9

NSC: 90-37-95

IBAN: IE20 BOFI 9037 9553 5931 29

SWIFT: BOFI IE 2D

REFERENCE: _____

FREQUENCY: _____ (i.e. - weekly, monthly)

START DATE: _____
DD/MM/YYYY

AMOUNT: € _____

EXPIRY DATE: _____

AMOUNT: € _____

AMOUNT IN WORDS: _____
