

Irish Mission Agencies Partnership

Standing order.

Send this form to your bank or process through online banking.

Date _____ dd/mm/yyyy

To the bank manager _____

Branch address _____

I/We hereby authorize and request you to DEBIT my/our account

Details of the account **from** which payments are to be made.

Account name _____

BIC _____ IBAN _____

and to credit the beneficiary / receiver account

Details of the account **to** which payments are to be made.

Account name **Irish Mission Agencies Partnership CLG.**

BIC **AIBKIE2D** IBAN **IE29AIBK93339234120285**

Beneficiary reference _____ Use your initials & the last four digits of your phone number.

Resourcing World Mission Together

Start date _____ dd/mm/yyyy

Frequency Weekly ☐ Fortnightly ☐ Monthly ☐
 Quarterly ☐ Annually ☐ Other _____

Number of payments _____ Until further notice ☐ Final payment date _____

Amount in words _____ Amount € _____

Signature _____ Date signed _____ dd/mm/yyyy

Signature _____ Date signed _____ dd/mm/yyyy

Standing order for giving to **Irish Mission Agencies Partnership CLG.**

CRO 604140 RCN 20204995 CHY 18021

Note to donors: Register you donation details on www.imap.ie

Email: contact1@imap.ie Post: 86 The Fairways, Castletroy, Limerick.