

Irish Mission Agencies Partnership CLG. RCN 20204995 CHY 18021
Standing Order form.

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

Date _____ dd/mm/yyyy

To the bank manager _____

Branch address _____

I/We hereby authorise 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 surname and the last four digits of your phone number. In the case of an organisation use your organisation name and the last four digits of your phone number.)

Start date _____ dd/mm/yyyy

Frequency Weekly ___ Fortnightly ___ Monthly ___ Quarterly ___ Annually _____

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

Amount in words _____ Amount € _____

Signature _____ Date signed _____

Signature _____ Date signed _____

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