



Cumann Peil Ciceam Bailemunna

Standing Order Mandate



To: Bank: _____

Address: _____

Please debit my account

Name: _____

Address: _____

Bank sort code: _____ : _____ : _____

Account No.: _____

Bank reference. : _____

(Name & payment type - i.e.draw/membership)

The sum of € _____ *(Amount in figures)*

_____ *(Amount in words)*

On the first day of each month commencing in _____ 20____
until you receive further notice from me/us in writing.

And credit

Bank: Bank of Ireland
Branch: Mobhi Road, Glasnevin
Sort code: 90 05 78
Account No.: 87210421
IBAN: IE38 BOFI 9005 7887 2104 21
BIC: BOFI IE2D

Customer Authorisation

Signed: _____ **Date:** ____/____/20____

(Please return completed forms to any Executive Committee Member)