

STANDING ORDER MANDATE

To: The Bank Manager

Bank: _____

Branch: _____

Sort Code: _____

Please charge to my Account:

Name on Bank Account

Payment Frequency (Please X):

Weekly

Fortnightly

Monthly

Bank Identifier (BIC):

Date of Month (if applicable):

Bank A/C IBAN:

Payment Reference (Credit Union A/C No.)

Commencing 1st Payment on:

Date: ___/___/___

Member Details:

Name (BLOCK CAPITALS): _____

Address: _____

Mobile No: _____

Signed: _____

Pay:

Amount

Danske Bank, Dublin

€

Until further notice

Credit Union BIC:

N B C U I E 2 1 X X X

Member IBAN:

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

For Office use only: Standing Order split as follows:

€ _____

To CU Account Number

€ _____

To CU Account Number

€ _____

To CU Account Number
