

Standing Order Set Up Form

Please complete in BLOCK CAPITALS using black or blue pen

Date

/ /

To the Manager

Bank:

I/We hereby authorised and request your to DEBIT my/our account

Sender NSC

- -

Sender Account Number

Sender Account Name

With the amount of

€ , .

Amount in words

And to CREDIT

Receiver Account Name

LORETO PRIMARY SCHOOL

Receiver NSC

93 - 32 - 95

Receiver Account Number

19686712

Bank and Branch

AIB, MAIN STREET, RATHFARNHAM

Receiver Reference

(To show on Receiver's Statement)

Please allow 5 working Days Prior to First Payment

Start Date

/ /

Frequency

Monthly

Annual

Until Further Notice

Signature (1)

Signature (2)