## Tullycorbet Standing Order Set Up Form

To the Manager	
Branch Address	
<b>I/We hereby autho</b> payments will be m	<b>rise and request you to debit my/our account</b> (Details of the account from which ade)
Account Name	
BIC (optional)	
IBAN	
Credit the Beneficia	ary/Receiver account
(Details of the Acco	unt to which payments will be made)
Account Name	Tullycorbet Parish
BIC (optional)	B O F I I E 2 D
IBAN	I E 1 2 B O F I 9 0 3 2 3 4 8 5 3 7 0 4 2 1
*Name & Parish Envelope No.	*This Reference will appear on the Parish Bank Statement
Start Date	D D M M Y Y Y
Frequency	Weekly Fortnightly Monthly   Quarterly Annually Other
No of Payments	
Amount	
Signature	Date
Signature	Date

Please allow 5 working days prior to the first payment due date.

Please return your completed form to the Parish Office (bungalow adjacent to St Patrick's Church)