



## STANDING ORDER Set Up Form

*Beneficiary: South Dublin Maktab*

To the  
Manager (Your Bank Name): \_\_\_\_\_

Branch  
Address: \_\_\_\_\_

**I/We hereby authorise and request you to debit my/our account**

(Details of the account from which payments will be made)

Account  
Name: \_\_\_\_\_

IBAN: 

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**and to Credit the Beneficiary/Receiver account**

(Details of the account to which payments will be made)

Account  
Name: **SOUTH DUBLIN MAKTAB**

IBAN: 

I	E	5	6	B	O	F	I	9	0	1	2	0	4	8	4	4	3	6	6	0	1
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Beneficiary  
Reference: \_\_\_\_\_

(your name or reason of payment )

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Start Date  
(cannot be historic): 

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 Please write a date which is at least 10 days after the date of signing/sending this form

Frequency:      Weekly       Fortnightly       Monthly   
                    Quarterly       Annually       Other

Number of Payments: 

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 OR Continue until further notice

Amount in Euro: \_\_\_\_\_ in words: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(For joint accounts)

**Please allow 5 working days prior to the first payment due date**  
**Please return the completed form to your branch**