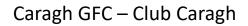
STANDING ORDER Set Up Form





To the Manager:	
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:	
BIC: (Optional from Feb 1 st 2016)	
IBAN:	
and to Credit the Beneficiary/Receiver account (Details of the account to which payments will be made)	
Account Name:	Caragh G.F.C.
BIC: (Optional from Feb 1 st 2016)	E D C N I E 2 1
IBAN:	I E 8 9 E D C N 9 9 1 0 4 2 1 0 1 9 8 1 8 8
*Beneficiary/ Receiver Reference:	
Reference will appear on Beneficiary/ Receiver statement	
Start Date:	D D M M Y Y
(Cannot be historic frequency)	
Quai	rterly Annually Other
Number of Payments:	
Amount:	
	Date
Signature:	
Signature:	Date

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

Please return the completed form to Caragh GFC.