AIB or Ulster Bank STANDING ORDER Set Up Form Beneficiary logo /Name if applicable 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 1st 2016) **IBAN** and to Credit the Beneficiary/Receiver account (Details of the account to which payments will be made) Account Kincasslagh Parish Name: BIC (optional F 2 from Feb 1st В O Ι Е D *2016)* 8 4 **IBAN** 8 7 0 Please insert your name here *Beneficiary /Receiver Reference Reference will appear on Beneficiary /Receiver statement Start Date (cannot be historic) Frequency Fortnightly Monthly Weekly Quarterly Annually Other Number of **Payments Amount** Signature Date Signature Date

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

Please return the completed form to your branch.



Request for a new Standing Order

Bank of Ireland (**)

Why not do your banking at a time that suits you by logging on to 365 online (Personal Customers) / Business On Line (Business Customers). Personal customers can also ring 1890 365 365. For further information or to register, log on to www.bankofireland.com

Setting up your Standing Order (S/O)

- A separate form should be completed for each standing order you wish to set up. Neither photocopies nor use of a highlighter are acceptable.
- All fields marked with * are mandatory. Incorrect, illegible and incomplete forms will be returned to you without your new standing order being set up. This form should be completed in BLACK PEN and posted to Bank of Ireland, Standing Orders Unit, P.O. Box 365, Dublin 18. Please allow 5 working days. prior to the first payment due date. If the form is not received before your first payment is due, your standing order will take effect from the next payment due date.

Standing Orders can only be operated on a Current Account.

This instruction will incur a charge for some Business accounts

BAN:*	Your Account D	retails (Details of the account from which payments will be paid)
Beneficiary Details (Details (a a catalogic morn symbol payments will be fello)
If this new S/O replaces an existing S/O to the same beneficiary account number Tick YES. YES _ (I request BOI to cancel my existing S/O to the same beneficiary and set up a new S/O as detailed below) S/O Number (Branch Use Only): Account Name.* KINCASSLAGH PARISH IBAN:* IBAN:* IEB 1 9 B O F 1 9 0 4 8 7 8 4 3 2 2 0 7 0 8 Reference: (we appear on beneficiary's statement) Payment Details Frequency:* Weekly Fortnightly Monthly Quarterly Yearly Other Start date:* End date: Amount:* Customer Signature(s):* Sign here If you would like to be notified when your request has been processed, please provide your preferred notification details below: Email Or	IBAN:*	I E B O F I
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Bank of Ireland Group

