

STANDING ORDER Set Up Form
Clare Animal Welfare CLG

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

IBAN

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account
 Name:

BIC

IBAN

*Beneficiary
 /Receiver
 Reference

Please enter your name here

Reference will appear on Beneficiary /Receiver statement

Start Date
 (cannot be
 historic)

Frequency

Weekly

Fortnightly

Monthly

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.