

STANDING ORDER MANDATE FORM

To: **The Manager**

Bank:

Branch:

Address:

Details of Account to be debited

Sort Code

Account Number

Account Name

PAYMENT DETAILS

Amount: €10 €20 €50 **Other:** (Please Specify)

Frequency: Monthly Quarterly Annually **Other:** (Please Specify)

Date of First Payment: (mm-dd-yy)

I hereby authorise you to set up a standing order on my/our account for the amount specified above to the account of ChildAid, whose account details are:

Sort Code **Account Number**

(ChildAid, Bank of Ireland, The Square, Bantry, Co. Cork).

Please continue these payments at the frequency specified above, until further notice.

Name(s):

Signature(s):

Date:

Address:

Please return completed mandate form to:
Childaid, Plunkett Chambers, 21-23 Oliver Plunkett Street, Cork, Ireland

STANDING ORDER MANDATE FORM

To: The Manager

Bank:

Branch:

Address:

Details of Account to be debited

Sort Code

Account Number

Account Name

PAYMENT DETAILS

Amount: €10 €20 €50 **Other:** (Please Specify)

Frequency: Monthly Quarterly Annually **Other:** (Please Specify)

Date of First Payment: (dd-mm-yy)

I hereby authorise you to set up a standing order on my/our account for the amount specified above to the account of ChildAid, whose account details are:

Sort Code 902602 **Account Number** 77491100

(ChildAid, Bank of Ireland, The Square, Bantry, Co. Cork).

Please continue these payments at the frequency specified above, until further notice.

Name(s):

Signature(s):

Date:

Address:

Please return completed mandate form to:

Childaid, Plunkett Chambers, 21-23 Oliver Plunkett Street, Cork, Ireland