Sensational Kids
Helping Children Achieve

# STANDING ORDER FORM

***Please return this form to your branch***

To the Manager

*To be completed by the Payer*

Branch Address

*To be completed by the Payer*

**I /We hereby authorise and request you to debit my/ our account**
*(Details of the account from which payments will be made)*

*Account Name:

*To be completed by the Payer*

*BIC (**optional from Feb 1st 2016)**

*To be completed by the Payer*

*IBAN (22)

*To be completed by the Payer*

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

*Account Name: **SENSATIONAL KIDS CLG**

*BIC (optional from Feb 1st 2016) **IPBSIE2D**

*IBAN (34) **IE49IPBS99064510394111**

Beneficiary /Receiver Reference

*To be pre populated by the payer*
*Reference will appear on Beneficiary /Receiver statement*

Start Date (cannot be historic) D D M M Y Y Y Y

Frequency

Weekly ☐ Fortnightly ☐ Monthly ☐

Quarterly ☐ Annually ☐ Other ☐

Number of Payments Until Further Notice

Amount

Signature Date

Signature Date

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