STANDING ORDER

DATE _____

To: The Manager

|_____|

|_____| *Enter your bank name and address*

I/We hereby authorise and request you to debit my/our

_____| *Enter your bank account type e.g. Current Account, etc.*

IBAN

BIC

With the sum of €_____| *Enter amount in figures*

_____ | *Say amount in words*

And to credit

Our Lady's Grove Primary School Board of Management Current Account

Account Number 08119084 IBAN IE77 AIBK 9311 8708 1190 84 BIC AIBKIE2D

Bank Allied Irish Banks, University Branch, 60 Clonskeagh Road, Dublin 14

Frequency |_____| *Enter Weekly or Monthly or Quarterly*

Start Date |_____| *Enter date on which Standing Order is to start*

End Date |_____| *Enter date on which Standing Order is to cease*

Until further notice in writing. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments. (*Note: Please allow 5 working days notice prior to first payment*.)

Name/Account Title

|_____| *Enter the name(s) of the account-holders*

Signature(s)

|_____| *Signed in accordance with your bank account mandate*

|_____|