

# STANDING ORDER Set Up Form

THE OLIVE BRANCH FOR CHILDREN IRELAND

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 1<sup>st</sup>  
2016)

IBAN

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Account

Name:

BIC (optional  
from Feb 1<sup>st</sup>  
2016)

IBAN

\*Beneficiary  
/Receiver  
Reference

(YOUR NAME)

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.