STANDING ORDER SET UP FORM

Date Received / / 2008

To the Manager

Name of Bank: _____
Address of Bank: _____
_____
_____

We/I hereby authorise you to DEBIT my/our account

Sender NSC
_____--_____--_____

Sender Account Number
_____

Sender Account name
_____

with the amount of
_____

Amount in words
Euro _____

and to credit

Receiver NSC
93-25-23

Receiver Account Number
27226-135

Receiver Account name
Trustees of St Sylvesters GAA Club at AIB Bank, Malahide, Co Dublin

Receiver Reference (Important - Please ensure this is keyed in when setting up S/O)
_____

Please allow 5 working days prior to first payment date

Start Date / / 200…..

Frequency
Monthly____ Quarterly _____ Half yearly _____

Final Date / / 200…..

Signature _____ Signature _____

It shall be understood that the Bank/Building Society will not be under any liability for damage or loss caused by any ommission to make these payments