



STANDING ORDER FORM

Please complete in BLOCK CAPITALS

I/We hereby authorise and request you to **DEBIT** my/our **BUDGET ACCOUNT**

Member Name:

Member/Reg. Number:

Amount:

€

Date of First Payment: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Payment Reference:

Date of Last Payment: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Frequency: (please tick)

Weekly ☐ Fortnightly ☐ Monthly ☐

and to **CREDIT**:

Beneficiary Account Name:

BIC:

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IBAN:

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Member Signature:

Date: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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The details provided in this form together with any other information that is furnished to us in connection with this application will be retained and processed by St. Raphael's Garda Credit Union in accordance with the Privacy Notice which is available on our website and in branch.

St. Rapahel's Garda Credit Union is regulated by the Central Bank of Ireland.