

Request for Standing Order



Please fill in the form in block capital letters, sign and return to The Galway United Friends Co-operative, C/O Eamonn Deacy Park, Dyke Road, Galway, H91 AV81, Ireland.

To: **The Bank Manager**

Bank Name: _____

Bank Branch, Address: _____

You are authorised to set up a standing order on my/our account as specified below.

My Name: _____

My Address: _____

My Email: _____

(GUFC may contact you via email in future about information of our work and about specific activities. Please tick here if you do NOT wish to be contacted)

My contact number: _____

I/We hereby authorise and request you to debit my/our account monthly on the same date until further notice.

Name(s) of Account Holder(s): _____

Account Number/IBAN: _____

Sort Code/BIC: _____

And Pay to:

| | |
|----------------|-----------------------------------|
| Account Name | Galway United Friend Co-operative |
| BANK | Allied Irish Bank |
| Branch | Lynchs Castle, Galway |
| Account Number | 42362028 |
| NSC | 93 70 96 |
| IBAN | IE05AIBK93709642362028 |
| BIC/SWIFT | AIBKIE2DXXX |

The monthly amount of:

€ 15 € 20 €25 Other € _____

(Ordinary Membership requires a minimum payment of €15 per month)

Commencing with first payment on _____ (dd/mm/yyyy)

Signature: _____ Date: _____

Reference: _____ (for office use only)