

# STANDING ORDER SET UP FORM



CLONGOWES  
FOUNDATION

Please complete this form and return it to Clongowes Foundation, and not directly to your bank.

TO THE MANAGER:	
BANK NAME:	
BANK ADDRESS:	

I/We hereby authorise and request you to DEBIT my/our account.

SENDER BIC:	
SENDER IBAN:	
AMOUNT:	€
AMOUNT IN WORDS:	

And to CREDIT:

**Clongowes Wood College Foundation**

**BIC:** AIBKIE2D | **IBAN:** IE96 AIBK 9303 9303 0650 45

AIB Private Banking, 10 Molesworth St., Dublin 2.

Receivers reference:

NAME OF DONOR	
---------------	--

Please allow 5 working days prior to first payment

START DATE: (DD/MM/YYYY):	
FREQUENCY (PLEASE X BOX)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
START DATE: (DD/MM/YYYY):	
PLEASE FLAG THIS PAYMENT WITH THE CODE " " FOR CLONGOWES' FUTURE REFERENCE.	

SIGNATURE:	DATE:
------------	-------

*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.*

THANK YOU FOR YOUR GENEROUS SUPPORT.