

Parish Community of Naul, Damastown & Ballyboughal

STANDING ORDER

Date: _____

To the Manager: _____

(insert here the name and address of your own Bank)

I/We hereby authorise and request you to debit my/our Current Account

IBAN: _____

BIC: _____ with the sum of € _____

Per month / quarterly / half year / annually (delete as appropriate)

commencing with the first payment on _____ and to credit the amount indicated to the account of AIB Bank, Balbriggan, Co Dublin until further notice in writing.

IBAN: IE06 AIBK 9320 1912 8580 59

BIC: AIBKIE2D

Ref. No: _____

(Reference No. will be entered by Pastoral Area Office)

It shall be understood that the Bank shall not be under liability for loss or damage caused by any omission to make these payments.

NAME (PRINTED): _____

ADDRESS: _____

SIGNED: _____

Please return completed Standing Order Form to: The Pastoral Area Office,
Garristown, Co. Dublin.

Banks are requested to quote Reference No. as indicated on Transfer Advices in making payments on this instruction.

The parish is very grateful for your contribution to the Family Offering collection. The personal information you provide is used by the parish to process the contribution in line with revenue guidelines. It is not shared with any other person or organisation. The information is kept only for as long as necessary and is then deleted from our systems.

This Standing Order Form replaces all previous Standing Order Forms.