STANDING ORDER FORM

TERMONFECKIN CREDIT UNION BIG STREET TERMONFECKIN CO. LOUTH

Email: manager@termonfeckin.ie Phone No: 041 9822095

@termonfeckincu

To Manager_____

BANK BRANCH_____

I/We hereby Authorise and request you to debit my I/ our account

Account Name

_____

I.B. A. N. Number

B. I. C. Number

(IBAN AND BIC NUMBERS ARE AVAILABLE ON YOUR BANK STATEMENT)

With the amount of €_____

Credit to the Account of:- TERMONFECKIN CREDIT UNION LIMITED
PERMANENT T.S.B., 115 WEST STREET, DROGHEDA, CO. LOUTH

I.B. A. N. Number

I	E	4	0	I	P	B	S	9	9	0	6	2	2	8	0	0	1	4	2	0	0

B. I. C. Number

I	P	B	S	I	E	2	D

REFERENCE _____ (Your Account Number in the Credit Union)

0N _____WEEKLY/ FORTHNIGHTLY/ MONTH UNTIL FUTURE NOTICE (Please state initial payment date)

SIGNED _____

Date_____