

# STANDING ORDER Set Up Form



**Irish Nurses and Midwives Organisation**

Cumann Altraí agus Ban Cabhrach na hÉireann

**Working Together**

Bank Name (Manager)

Branch Address

I/We hereby authorise and request you to debit my/our account  
(Details of the account from which payment will be made)

Account Name:

BIC (optional)

IBAN

and to Credit the Beneficiary/Receive account  
(Details of the account to which payments will be made)

Account Name:

BIC (optional)

IBAN

\*INMO NUMBER Reference

Reference will appear on Beneficiary/Receive Statement

Start Date (please allow 5 working days from signature date below)

Frequency: Weekly  Fortnightly  Monthly  Quarterly  Annually  Other

Number of Payments:  /

Amount:

Signature  Date

Signature  Date

**Please allow 5 working days prior to the first payment due date.**