

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)

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IBAN

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

Account
Name:

Irish Nurses & Midwives Organisation,
Allied Irish Bank, 100/101 Grafton Street, Dublin 2.

BIC

A	I	B	K	I	E	2	D
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IBAN

I	E	0	6	A	I	B	K	9	3	1	0	4	7	5	2	0	1	4	0	1	7
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*INMO NUMBER Reference

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Reference will appear on Beneficiary/Receive Statement

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

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Frequency:

Weekly

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Fortnightly

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Monthly

X

Quarterly

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Annually

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Other

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Number of Payments:

N	/	A
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Amount:

€	2	4	.	9	2	
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Signature

	Date	
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Signature

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