

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:

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

BIC (optional)

IBAN

*Beneficiary/Receiver Reference

Reference will appear on Beneficiary/Receive Statement

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

Frequency:

Weekly

Fortnightly

Monthly

Quarterly

X

Annually

Other

Number of Payments:

Amount:

Signature

Date

Signature

Date

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