

# STANDING ORDER SET UP FORM



Irish Nurses and Midwives Organisation  
Working Together

To the  
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 from Feb 1<sup>st</sup> 2016)

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 from Feb 1<sup>st</sup> 2016)

IBAN

\*Beneficiary/Receiver Reference

Reference will appear on Beneficiary/Receive Statement

Start Date (cannot be historic)

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.