

# STANDING ORDER SET UP FORM



**Irish Nurses and Midwives Organisation**  
 Cumann Altraí agus Ban Cabhrach na hÉireann  
 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)  A  I  B  K  I  E  2  D

IBAN  I  E  0  6  A  I  B  K  9  3  1  0  4  7  5  2  0  1  4  0  1  7

\*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:       N /  A

Amount:

Signature       Date

Signature       Date