

STANDING ORDER FORM

BALLINA GAA CLUB

To, The Manager at (Bank)

Branch Address

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

Account Name

BIC (optional)

IBAN

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

Account Name:

BIC (optional)

IBAN

*Beneficiary / Receiver Reference
Reference to appear on Beneficiary / Receiver Statement (Insert Investors name here)

Start Date (cannot be historic)

Frequency (Tick Box) Monthly - €15 Quarterly - €45
Annually - €180 Other

Number of Payments:

Amount

Signature

Date

Signature:

Date:

**Completed Standing Order Forms should be returned to your Club Representative.
Terms and Conditions for Standing Orders are available on the Banks websites.
Please allow 5 working days prior to the first payment due date.**