BLACKROCK CREDIT UNION LIMITED
REQUEST FOR STANDING ORDER

ACCOUNT NO:

Please complete in full this Standing Order form and return to:

Blackrock Credit Union Ltd., 1 Carysfort Avenue, Blackrock, Co. Dublin

To: The Manager, _____

(Name and address of your bank)

You are authorised to set up a Standing order on my/our account as specified below.
My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

Your Bank Details

Name of Account Holder: _____

YOUR IBAN DETAILS: | | | | | | | | | | | | | | | | | | | | | | |

Please complete and submit at least 5 working days before commencement of first payment date.

NEW Standing Order (From above Current Account)

BENEFICIARY NAME: **Blackrock Credit Union Ltd.**

ACCOUNT IBAN: | I | E | 0 | 3 | B | O | F | I | 9 | 0 | 1 | 0 | 2 | 8 | 1 | 7 | 2 | 8 | 0 | 1 | 8 | 4 |

YOUR CREDIT UNION A/C NO: | | | | | | | | | | | | | | |

FREQUENCY: (ie - weekly, monthly) _____

Please Print Clearly

START DATE: | D | D | M | M | 2 | 0 | Y | Y | AMOUNT: | | | | | | | - | | |

EXPIRY DATE: | D | D | M | M | 2 | 0 | Y | Y |

AMOUNT IN WORDS: _____

CUSTOMER'S SIGNATURE: _____ Date: _____

AMEND Standing Order ☐

CANCEL Standing Order ☐

Tick as appropriate

S/O NUMBER: | | | |

BENEFICIARY NAME: **Blackrock Credit Union Ltd.**

ACCOUNT IBAN: | I | E | 0 | 3 | B | O | F | I | 9 | 0 | 1 | 0 | 2 | 8 | 1 | 7 | 2 | 8 | 0 | 1 | 8 | 4 |

AMOUNT: | | | | | | | - | | NEW AMOUNT: | | | | | | | - | | |

EFFECTIVE FROM: | D | D | M | M | 2 | 0 | Y | Y | FREQUENCY: (ie - weekly, monthly) _____

OTHER: _____

CUSTOMER'S SIGNATURE: _____ Date: _____