STANDING ORDER REQUEST

To

The Manager.

I / We hereby authorise and request you to debit my / our account

Name / Account Title (Block capitals)

Sort Code :

Account No

With the Sum of EUR _____

Amount in Words : _____

Frequency (Tick one) ☐ Monthly ☐ Annually

Date of First Payment _____

Beneficiary Details :

Sort Code :

9	9	0	6	2	9

Account No

8	6	3	7	6	1	7	5

Beneficiary Name : Ireland Vinayaka Temple Ltd.

Name of Bank & Branch : Permanent TSB , Stillorgan Branch

Please debit , my/our account number and pay ,on the dates specified above, the amount(s)specified above for credit of the account specified above,until you receive further notice from me/us in writing.

Signature(s) _____ Date : _____

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