

Standing Order

Date _____

To the Manager of

_____ Bank

Bank Address _____

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

Name of account _____

Account number - - - - -

Sort Code - - - - -

with the sum of € _____

(in words) _____

and to credit

IRISH BIBLE INSTITUTE

Account number 24208082 NSC 93-33-84

Allied Irish Bank, 40/41 Westmoreland St. Dublin 2

Frequency _____

Start Date _____

until further notice in writing.

It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments.

Please allow 5 working days notice prior to first payment.

Signature

*When you have completed this form, please forward to;
Dawn Langrell, IBI,
Ulysses House, 22-24 Foley St. Dublin 1*