



Special Olympics
Ireland
a place for everyone!

REQUEST FOR A STANDING ORDER

To: The Manager, _____

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.

Signed _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address _____

Please charge to my Account S/O Category (Bank use only)

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Account Number

--	--	--	--	--	--	--	--

Name of Account

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Beneficiary Name

S	P	E	C	I	A	L	O	L	Y	M	P	I	C	S		
I	R	E	L	A	N	D	L	I	M	I	T	E	D			

Beneficiary's Bank Sorting Code No.

9	0	1	4	9	0
---	---	---	---	---	---

Beneficiary A/C Number

5	5	6	6	5	8	2	7
---	---	---	---	---	---	---	---

Frequency eg. Daily / Monthly _____ Day

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Start Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Amount

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Expiry Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Amount

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1st Change Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Amount

--	--	--	--	--	--	--	--

2nd Change Date

D	D	M	M	Y	Y	Y	Y
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 Amount

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3rd Change Date

D	D	M	M	Y	Y	Y	Y
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 Amount

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4th Change Date

D	D	M	M	Y	Y	Y	Y
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 Amount

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Commission (Bank use only) Y N S/O Destination (Bank use only)

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