

HEAD OFFICE 1 Swift Square Northwood Santry Dublin 9

Tel: + 353 (1) 807 3800 Fax: + 353 (1) 807 3957

STANDING ORDER FORM

To: Your Bank Details Bank:					
Address:					
Your Bank Account Det	ails				
I authorise you to debit m	y 🗖 current	t, 🗖 deposit	\Box , \Box savings or		
☐ other account (please	specify)				
Account Name: Account Number:					
and credit the following a	.ccount as de	tailed below			
Account Name: Bank: Address: Account Number: Bank Sort Code:	National Standards Authority of Ireland (NSAI) Allied Irish Bank, Bankcentre, Ballsbridge, Dublin 4 05328 391 93-12-68				
Frequency:					
	\Box othe	r (please spe	roval of NSAI)	_	
Instalment amount:	€	(Euro)	Total amount:	€	(Euro)
Start Date: Term:			Expiry Date:		
Reference No:	(Reference Number will be inserted by NSAI)				
BANK - Please ensure th	iis reference	number is	quoted on the set up	of this sta	nding order
payment to ensure	e that it will	be quoted or	n NSAI's bank state	ment	
SIGNED:					
DATE:					•••••
NSAI Customer Accoun (please print)	at Name:				
Please return the comple				••••••	

Finance Department 1 Swift Square Northwood Santry Dublin 9.