



# STANDING ORDER MANDATE



*(In favour of the Parish Of Sandyford,  
Kiltiernan and Glencullen)*

To the Manager

Branch Address

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

(Details of the account from which payments will be made)

Account Name

IBAN

**and to Credit the Beneficiary/Receiver account:**

**ACCOUNT NAME: Sandyford Parish No 1 Account**

**IBAN: IE37 AIBK 9331 2016 1270 42**

Parish Reference Number

(To be inserted by Parish Office)

Start Date

Frequency Weekly  Fortnightly  Monthly   
Quarterly  Annually  Other

Number Of Payments   
(Optional)

Amount

Signature  Date

Signature  Date

Address

Email

Phone

**Please return the completed form to the Parish Office.**