Standing Order- Set Up Form
Bailieborough School of Music

To the Manager:
(enter Bank name)

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:

BIC

IBAN

And to Credit the Beneficiary/Receiver account

Account Name: Bailieborough Youth Band & School of Music

BIC B O F I I E 2 D

IBAN I E 1 3 B O F I 9 0 3 2 1 8 3 2 8 6 8 2 1 8

Beneficiary/Receiver Reference:
(This number will be allocated by School of Music) (Reference will appear on School of Music statement)

Start Date: 2 1 M M Y Y Y Y

End Date: Until further notice

Frequency: Quarterly (every 3 months)

Amount:
(please tick amount to be debited every 3 months)

€24 ☐ €48 ☐ €60 ☐

Signature:

Signature: