

Standing Order Mandate

(Parents – please pass this form directly to your Bank)

To: The Manage	er
(Name/Bran	nch of your Bank)
specified below. N	thorised to set up a Standing Order on My/Our account as ly/Our account will at all times contain sufficient funds to enable se effected on the due date.
Signed:	Date:
Please charge:	
My/Our Account I	No
Sort Code	
Name of Account:	·
Amount per mont	h: €
Start date:	until further notice

Beneficiary: Beneficiary's Bank Beneficiary's A/c N IBAN: BIC:	
IMPORTANT	

Please note that for Templeogue Swim Club to be able to identify this payment, it is vitally important that the Standing Order is identified with the swimmer's/family's name.