

STANDING ORDER SET-UP FORM

To the Manager:

NAME OF YOUR BANK

Branch Address:

ADDRESS OF YOUR BANK

I/we hereby authorise and request you to debit my/our account

Account Name:

BIC:

IBAN:

and to credit the beneficiary / receiver account

Account Name

Protestant Aid

BIC:

AIBKIE2D

IBAN:

IE39 AIBK 9312 9214 7880 64

Beneficiary /
Receiver Ref:

REFERENCE/DONOR NAME TO APPEAR ON PROTESTANT AID'S BANK STATEMENT - MAX 18 CHARACTERS

PAYMENT DETAILS

Start Date:

___/___/___

(cannot be historic)

Payment Amount

€

Frequency:

Monthly

Quarterly

Annually

(tick one option)

Signature: _____

Date: _____

Signature: _____

Date: _____

Please allow 5 working days prior to the first payment due date

Name *(BLOCK CAPITALS)*: _____

Address: _____

Email: _____

Protestant Aid likes to include the names of our supporters in our annual report. Please tick here to confirm that we may continue to do so.

Your donation will be recorded for audit purposes and retained on the Protestant Aid donor database.

If you **do not** wish to have your personal details stored on our donor database, please tick here.

Your details **will never** be shared with any third party or used for any other purpose.

Please notify us of any changes to your details.

Please return the completed form to: **Protestant Aid, 74 Upper Leeson Street, Dublin D04 K2N6.**