

## STANDING ORDER SET-UP FORM

To the Manager:

Branch Address:

### 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:

## PAYMENT DETAILS

Start Date:  Payment Amount

(cannot be historic)

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 donors in our Annual Report.**

**Yes** - Please include my name in the Annual Report.

**No** - I do not wish my name to be included in the Annual Report.

For audit purposes we record and retain all donations on our donor database.

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

*Please advise if you do not wish to have your details stored on our donor database.*

Please return the completed form to: **Protestant Aid, 202A Merrion Road, Dublin 4, D04 R9W8**