STANDING ORDER REQUEST FORM

TO: **The Manager**

BANK ADDRESS: _____

_____

You are authorised to set up a Standing Order on my/our account as specified below. My/our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

NAME: _____ SIGNATURE: _____

ADDRESS: _____

_____

DATE: _____

ACCOUNT NAME: _____

ACCOUNT NO. _____

BANK SORT CODE: _____

PLEASE PAY:

THE IRISH LUNG FIBROSIS ASSOCIATION

BANK SORT CODE: 90 – 13 – 51

ACCOUNT NUMBER: 89466930

AMOUNT: €_____

FREQUENCY: (weekly/monthly/yearly): _____

COMMENCING ON (date): _____

EXPIRY DATE (if required): _____

✂✂✂--*please cut and return this portion to*:

THE TREASURER, 22 MONTROSE CRESCENT, ARTANE, DUBLIN 5.

I would like to donate €_____ monthly/yearly to the Irish Lung Fibrosis Association.

SIGNED: _____ DATE: _____

ADDRESS: _____

_____

Start date: _____