

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:*

ILFA C/O Carmichael Centre, 4 North Brunswick Street Dublin D07RHA8

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

SIGNED: _____ DATE: _____
ADDRESS: _____
Start date: _____