IRISH NATURA & HILL FARMERS ASSOCIATION (INHFA)

STANDING ORDER FORM Set Up Form

To the Manager

Branch Address

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

(Details of the account from which payments will be made)

Account Name:

BIC (**optional from Feb 1st 2016)**

IBAN

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Account Name:

Irish Natura & Hill Farmers Association

BIC (***optional from Feb 1st 2016)***

A I B K I E 2 D

IBAN

I E 7 5 A I B K 9 3 7 1 6 9 3 3 1 1 7 0 6 0

*Beneficiary /Receiver Reference

Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic)

D D M M Y Y Y Y

Frequency

Weekly		Fortnightly		Monthly	
Quarterly		Annually	X	Other	

Number of Payments

X X X

Amount

FIFTY EURO

Signature Date

Signature Date

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

Please return the completed form to your branch.