

# New Standing Order Request Form

Please complete in BLOCK CAPITALS using black or blue pen



Date ----/----/----

To The Manager \_\_\_\_\_

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

Sender : IBAN \_\_\_\_\_

Sender : BIC \_\_\_\_\_

Sender Account name \_\_\_\_\_

With the amount of	Amount in Words	Frequency	Start Date
€ _____	_____	_____	_____

And to CREDIT

Member Account Name: \_\_\_\_\_

Member Signature \_\_\_\_\_

Receiver IBAN \_\_\_\_\_

Receiver BIC \_\_\_\_\_

**Bank and Branch**  
**Waterford Credit Union**

**Please allow 10 working days prior to first payment**

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**FOR OFFICE USE ONLY - BREAKDOWN OF PAYMENT**

Total Amount: \_\_\_\_\_

StampAmount \_\_\_\_\_

Savings Amount: \_\_\_\_\_

Atm Amount \_\_\_\_\_

Loan Amount: \_\_\_\_\_ PPIP \_\_\_\_\_

Current \_\_\_\_\_

Frequency \_\_\_\_\_

Date \_\_\_\_\_

Please tick as appropriate:      S/O      PAYROLL      S/WELFARE      OTHER

CREDIT UNION MEMBER NO. \_\_\_\_\_ / \_\_\_\_\_

Signed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_