

STANDING ORDER MANDATE - EURO

To the Manager

Your Bank Name: _____

Your Bank Address: _____

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

Sender Account Name: _____

Address: _____

Sender NSC: / / Sender Account Number:

With the amount of: € _____ Amount in words: _____

(Note: €21 or more per month, €250 per annum, qualified donor for Section 848A tax deduction)

And to **CREDIT**

Chartered Accountants Benevolent Association
Chartered Accountants House, 47-49 Pearse Street, Dublin 2

Benevolent Association NSC: / /

Benevolent Association Account Number:

Benevolent Association Bank and Branch: AIB, 1-4 Lower Baggot Street, Dublin 2

START DATE (DD/MM/YYYY): / /

FREQUENCY (please X box)

Monthly: Quarterly: Yearly:

Until Further Notice OR Final Payment Date (DD/MM/YYYY) / / No of Payments OR

Signature: _____ Signature: _____

REFERENCE TO SHOW ON BENEVOLENT ASSOCIATION BANK STATEMENT:

MEMBER'S NAME: _____ MEMBERSHIP NO: _____

Important

For our records please to Chartered Accountants Ireland at the address below and we will forward it to your bank.

Chartered Accountants Benevolent Association
Chartered Accountants House, 47-49 Pearse Street, Dublin 2

THANK YOU FOR YOUR DONATION