

Standing Order Form

The Lumen Fidei Institute
St Michael's House
Castlemitchell South,
Athy
Co Kildare



Please Complete All Relevant Fields

To the Manager: (your bank name)

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:

IBAN:

And to Credit the Beneficiary/Receiver account

Account Name:

BIC:

IBAN:

Beneficiary /Receiver Reference:
(Your Name Here) (Reference will appear on Lumen Fidei Bank Statements)

Start Date:

Frequency: (please tick one) **Monthly:** **Annually:**

Amount: €

Signature:

Date:

2nd Signature: (if required)

Date:

N.B. Please return this Standing Order form to John Lacken
Raith, Aghamore, Ballyhaunis, Co Mayo F35 V127