

**Standing Order Mandate**  
(Standing Instruction for periodic payment)

To the Manager-----  
Bank Name-----  
Bank Address-----  
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**Debiting Details:**

Account Holder/s Name	(1)	(2)
Account Holders Address		

**National Sorting Code**

**Account Number**

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**Schedule of Payments:**

1 <sup>st</sup> Payment Date	
Regular Payment Amount	
Frequency	
Until further Notice	

**Crediting Details:**

Bank Name	Permanent TSB
Bank Address	115 West Street, Drogheda
Account Name	
National Sorting Code	99-06-22
Account Number	
Subscriber Details	

**Account Holder's Authority:**

I/We authorise our Bank to pay this standing order in accordance with and subject to the conditions of the Bank and to debit my /our account with the sums stated along with the addition of such charges as may be applied by the Bank from to time for standing orders.

**Account Holder's Signature(s)**-----