GALWAY CITY COUNCIL

Request for standing order

To: The Manager, Bank _	
Branch:	Date:
Sort Code:	
Please charge to my Acco	ount Number:
And Pay To:	
Name of Account:	Galway City Council
Bank:	Bank of Ireland
Branch:	Eyre Square NSC 9 0 3 8 1 6
Account Number:	1 2 9 1 1 0 4 7
IBAN Reference No.	
	IE22 BOFI90381612911047
BIC	BOFIIE2D
City Council Customer A (as quoted on all correspondence)	Account Noondence issued by Galway City Council)
The amount stated below	at the specified intervals:
Please tick correct box	Weekly € Fortnightly € Monthly €
Commencing with first pay	
	Amount €
Finishing with last paymer	Date Month Year nt on
My/our account will at all t payment to be effected or	times contain sufficient funds to enclose each the due date.
Signed:	
Address:	

Note: All fields must be completed, as Galway City Council cannot guarantee correct receipt allocation.