

REQUEST FOR STAI	NDING ORD	ER (FORI	vi SO)	
To the Manager of:			- -	
You are authorised to set up a Standing O My/Our account will at times contain sufficeffected. Signed: Address:				
Debit/Payers IBAN Number:			_	
Debit / Payer BIC:				
Payers Name:				
Payers Reference: (Contribution Disbursement ie Loan or Shares)				
Beneficiary's Name:				
Beneficiary's A/C Designation: Core	Credit Union	Ltd		
Beneficiary's BIC: SBD0 Beneficiary's IBAN:	CIE21XXX	9 9 1 0 4	5	
Frequency: Weekly Fortnightly	Monthly	/ Otl	her:	
Start Date DD / MM / YY	YYA	mount €:	,	. 0
Expiry Date D D / M M / Y Y	YYA	mount €:	,	. 0