

STANDING ORDER SET-UP FORM

To the Manager:

Branch Address:

I/we hereby authorise and request you to debit my/our account

Account Name:

BIC:

IBAN:

and to credit the beneficiary / receiver account

Account Name **The Brabazon Trust**

BIC: **AIBKIE2D**

IBAN: **IE56 AIBK 9312 9201 1710 92**

Beneficiary / Receiver Ref:

PAYMENT DETAILS

Start Date: Payment Amount

Frequency: Monthly Quarterly Annually

Signature: _____ Date: ___/___/___

Signature: _____ Date: ___/___/___

Please allow 5 working days prior to the first payment due date

Name (BLOCK CAPITALS): _____

Address: _____

_____ Email: _____

Brabazon Trust likes to include the names of our donors in our Annual Report.

Yes - Please include my name in the Annual Report.

No - I do not wish my name to be included in the Annual Report.

For audit purposes we record and retain all donations on our donor database.

Your details **will never** be shared with any third party or used for any other purpose.

Please advise if you do not wish to have your details stored on our donor database.

Please return the completed form to: **The Brabazon Trust, 202A Merrion Road, Dublin 4, D04 R9W8**