Good Shepherd Cork



To the Manager																								
Branch Address																								
I /We hereby aut will be made)	horis	e an	ıd re	que	st yo	ou to	deb	it my	our	acco	unt (D	etails	of th	e ac	cour	nt fro	m w	hici	h pa	iyme	ents			
Account Name:																								
BIC (optional fr	om F	<u>eb </u>	<u>1st</u> :	201	6)																			
IBAN																								
and to Credit the	Bene	efici	ary/	Rece	eive	r acc	oun	t (Deta	ails o	f the	accou	nt to	whic	h pa	nyme	ents	will	be 1	mad	ie)				
Account Name:	God	od	Sh	ер	he	rd (Cor	·k																
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BIC (optional fr	om F	eb :	1 st	201	6) A	I	В		9		K 4 2		7	1	2	9	2	C) 2	2 2	2 5			
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IBAN *Beneficiary		E		1		I	В	K		3	4 2	6 I	7	1	4	9		ı				nent]
IBAN *Beneficiary /Receiver Reference Start Date (cannot be	I	E	7 S	8	A		M	K 0	9	3	4 2	6	7	1	4	9		ı				ment		
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IBAN *Beneficiary /Receiver Reference Start Date (cannot be historic)	I	E	S W	C	A		M	K 0	9 N	3 ·	4 2	6 L	7	1	4 pppea	9	Bene	ficia				ment		
IBAN *Beneficiary /Receiver Reference Start Date (cannot be historic) Frequency Number of Payments	I	E	S W	C M	A		M	K 0	9 N	3 T	4 2	6 L	7	1	4 pppea	9 9 mr on	Bene	ficia				ment		
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IBAN *Beneficiary /Receiver Reference Start Date (cannot be historic) Frequency Number of Payments	I	E	S W	C M	A		M	K 0	9 N	3 T	4 2	6 L	7	1	4 pppea	9 9 mr on	Bene	ficia				ment		

Please allow 5 working days prior to the first payment due date. Please return the completed form to your branch.