

# Good Shepherd Cork



First a Home, then Hope

To the  
Manager

Branch  
Address

**I /We hereby authorise and request you to debit my/ our account** *(Details of the account from which payments will be made)*

Account  
Name:

**BIC (optional from Feb 1<sup>st</sup> 2016)**

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IBAN

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**and to Credit the Beneficiary/Receiver account** *(Details of the account to which payments will be made)*

Account  
Name:

**BIC (optional from Feb 1<sup>st</sup> 2016)**

A	I	B	K	I	E	2	D			
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IBAN

I	E	7	8	A	I	B	K	9	3	4	2	6	7	1	4	9	2	0	2	2	5
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\*Beneficiary  
/Receiver  
Reference

G	S	C		M	O	N	T	H	L	Y							
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*Reference will appear on Beneficiary /Receiver statement*

Start Date  
(cannot be  
historic)

D	D	M	M	Y	Y	Y	Y
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Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

Other

Number of  
Payments  
Amount

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Signature

	Date	
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Signature

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