STANDING ORDER Set Up Form Wildlife Rehabilitation Ireland 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 2016 **IBAN** and to Credit the Beneficiary/Receiver (Wildlife Rehabilitation Ireland) account (Details of the account to which payments will be made) Account Wildlife Rehabilitation Ireland Name: BIC (optional From 2016) В K Е 2 D **IBAN** В K 9 9 6 3 8 5 Beneficiary Name PLEASE WRITE YOUR NAME HERE: This will appear on WRI's bank statement Start Date (cannot be historic) Frequency Weekly Fortnightly Monthly Quarterly Annually Other Number of **Payments Amount** Signature Date Signature Date

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

Please return the completed form to *your* branch.