

STANDING ORDER SET UP

Account Name(s) to be debited: **Address:**

Daytime Phone No:	

Sort Code to be debited:

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Account Number to be debited:

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and to **CREDIT**

Beneficiary Sort Code:

9	9	0	6	1	9
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Beneficiary Account Number:

8	6	6	2	9	1	0	6
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OR for SEPA Credit Payments

BIC (Bank Identifier Code)	I	P	B	S	I	E	2	D
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For SEPA Credit Payments – IBAN

I	E	5	4	I	P	B	S	9	9	0	6	1	9	8	6	6	2	9	1	0	6								
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MUST BE COMPLETED FOR ALL PAYMENTS

Beneficiary Name

Beneficiary Reference – e.g., name

Festival of India	
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Remittance Data – Optional (SEPA Payments only and a maximum of 40 characters)

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Please allow 5 working days notice prior to first payment

Payment Frequency (please tick)

Weekly	Monthly	Other
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First Pay Date	First Amount	€
Regular Pay Date	Regular Amount	€
No. of Payments	Until Further Notice	
Final Pay Date	Final Amount	€

I/We hereby authorise and request you to pay this Standing Order in accordance with and subject to the conditions as set out overleaf and to debit my/our Account with the sum stated together with any charges as may be applied by Permanent TSB from time to time for Standing Orders.

Signature _____ Signature _____

Date _____ Date _____

AFFIX
BRANCH STAMP
HERE

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