



STANDING ORDER

MANDATE REFERENCE NUMBER

Please complete all the fields marked *.

(A) WITHDRAWAL INSTRUCTION

*Name(s) on the account to be debited:

*Address:

*EBS BIC:

*EBS IBAN:

Your BIC and IBAN are printed on your bank statement. You can also request them directly from your local EBS Branch.

(B) PAYMENT INSTRUCTION:

PAYEE DETAILS

*Payee's Reference:
(To show on Payee's statement)

*Name on Account to be credited:

*Name of Bank: *Branch:

*BIC: *IBAN:

*AMOUNT: € in words:

*PAYMENT TO START ON (DATE): and subsequently at the payment frequency indicated:

Monthly Weekly Every 2nd Month Quarterly Half Yearly Yearly

I/We authorise you until further notice in writing to charge my/our account with EBS, described in (A), the amount specified above which may be debited thereto at the frequency indicated, and credited to the account specified in (B) above. I have read and accept the terms and conditions of this service.

I have read and accept the terms and conditions of this service.

Signature(s): _____

Date: ____/____/____

Signature(s): _____

Date: ____/____/____

Signature(s): _____

Date: ____/____/____

Signature(s): _____

Date: ____/____/____

Note: These instructions are governed by the Rules of the Society and by the terms and conditions of the EBS Savings Account, additional copies of which are available upon request.

FOR OFFICE USE ONLY:

Cashier I.D. Code:

Branch Source Code:

Mandate Applied By:

Checked by:

Office Stamp