



STANDING ORDER SET UP FORM
(Please return to **your bank** not CWLTC)

To: The Manager, _____ (fill in your Bank name and address)

I/We hereby authorize and request you to DEBIT my/our account

NSC: - -

Account Number:

BIC: _____ IBAN: _____

(These SEPA numbers are shown on your bank statements. If you cannot find them, please return this form without any BIC or IBAN.)

Account Name: _____

Amount: .

Amount in words _____

(This is your annual membership divided by 12. Eg. For single senior membership, amount is €30.42)

and to CREDIT :

Receiver Name: County Wicklow Lawn Tennis Club Receiver Bank : Bank of Ireland, Bray

Receiver NSC 90-10-36 Receiver Account Number: 14189668

Receiver BIC: BOFIE2DXXX Receiver IBAN: IE37BOFI90103614189668

Receiver Reference: _____

(Enter your name here. This will appear on CWLTC Bank Statement and will show which member(s) the payment is for.)

Start Date: 28th Jan 2018

Monthly payment on last day of each month for 12 months

Signature(s): _____

(Two signatures are required if payments are being made from a joint account.)