

STANDING ORDER MANDATE

Please fill out steps 1 – 7 below and send directly to your own bank branch

1. Date: _____

2. Full name and postal address of your bank and branch

3. Name of account holder(s) – in block capitals

4. Sort Code

□	□	□	□	□	□
---	---	---	---	---	---

5. Account Number

□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---

(Banks may refuse to accept instructions to pay from some types of accounts)

6. Your instructions to bank

I hereby authorise and request you to debit my/our account above with the sum of

€

□	□	□
---	---	---

(figure in writing) _____

and to credit the account of: Cystinosis Foundation Ireland, AIB Bank, Terenure, Dublin 6W.

Sort Code: 93-13-30. Bank Account: 06225194

Frequency, e.g. weekly / monthly _____

Start date: _____ until further notice in writing.

7. Signature(s): _____