STANDING ORDER

MANDATE REFERENCE NUMBER

Please complete all the fields marked *.

(A) WITHDRAWAL INSTRUCTION

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

***Address:**

***EBS IBAN:**

Your IBAN is printed on your bank statement. You can also request it 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:

*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** ☐

(C) REMITTANCE INFORMATION (OPTIONAL): PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

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 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