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. 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 information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in our EBS Offices or online at www.ebs.ie/dataprotection. It may change from time to time. FOR OFFICE USE ONLY: Office Stamp Cashier I.D. Code: **Branch Source Code:** Mandate Applied By: Checked by: