

**Bank Standing Order Form**

Name………………………………………………………………………………………………………………

Address………………………………………………………………………………………….……………….

………………………………………………………………………………………….…………………………….

**To Manager:**

Bank…………………………………………………………………………………………………………………

Bank Address……………………………………………………………………………………………………

Account No……………………………………………..…….. Sort Code………………………………..

Please debit my account monthly/annually (delete as appropriate) with the amount of:

€…………………………… (In words)……………………………………….…………………….,

commencing on the ……..……day of…………….…………… 20…………

until further notice and pay to:

**Irish Dental Benevolent Society**

**AIB**

**5 College Green**

**Dublin 2**

a/c no. 24032029

Sort code: 93-33-84

IBAN : IE90AIBK93338424032029

BIC : AIBKIE2DXXX

Please cancel any existing standing order in favour of the Irish Dental Benevolent Society.

Signed: ………………………………………….. Date: ………………………..