



STANDING ORDER SET-UP FORM ROSCOMMON GAA PATRONS DONATION SCHEME

To the Manager:
Branch Address:
I/We hereby authorise and request you to debit my/our account (Details of the account from which payments will be made)
Patron Name:
BIC (optional):
IBAN:
and to credit the Beneficiary/Receiver Account (Details of the account to which payments will be made)
Account Name: Roscommon GAA BIC: AIBKIE2D IBAN: IE 28 AIBK 937142 34063224
Beneficiary/Receiver Name: Name to appear on Beneficiary/Receiver Statement
Start Date: / /
(cannot be historic)
Payments: ☐ Half Yearly, €150 ☐ Annually, €300 June, Dec. June
Signature: Date:
Signature: Date:

Please allow 5 working days prior to the first payment due date. Ensure "Patron Name" appears as Beneficiary/Receiver Reference. Completed form should be returned to your branch.

Note to Bank: Payments to cease 31st December 2026.