

STANDING ORDER Set Up Form
CLONMEL OIL CO. LTD.

To the
 Manager

Branch
 Address

I / We hereby authorise and request you to debit my/our account.
(Details of the account from which payment will be made.)

Account
 Name

BIC (optional
 from Feb 1st
 2016)

IBAN

and to Credit the Beneficiary/Receiver account.
(Details of the account to which payment will be made.)

Account
 Name

BIC (optional
 from Feb 1st
 2016)

IBAN

*Beneficiary
 /Receiver
 Reference

Reference will appear on Beneficiary / Receiver statement

Start Date
 (cannot be
 historic)

Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

Other

Number of
 Payments

Amount

Signature

Date

Signature

Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to your branch.