

**STANDING ORDER FORM Set Up Form**  
 Royal Medical Benevolent Fund Society of Ireland

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)

Account  
 Name:

BIC (**optional**  
**from Feb 1<sup>st</sup>**  
**2016**)

IBAN

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

Account  
 Name:

BIC (**optional**  
**from Feb 1<sup>st</sup>**  
**2016**)

IBAN

\*Beneficiary  
 /Receiver  
 Reference   
*\* Reference will appear on Beneficiary /Receiver statement*

Start Date  
 (cannot be  
 historic)

Frequency

Weekly	<input type="text"/>	Fortnightly	<input type="text"/>	Monthly	<input type="text"/>
Quarterly	<input type="text"/>	Annually	<input type="text"/>	Other	<input type="text"/>

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.**