EURO Standing Order Form

To Bank: __________________________

Address of Bank: __________________________

IBAN: __________________________

BIC: __________________________

Bank A/c Title: __________________________

BANK INSTRUCTIONS

Please debit my/our account in the amount of:

€10
€15
€21*  *This monthly amount is tax efficient

or other amount €__________________________

please choose a date between 6th and 28th of the month

to commence on ____________________________ and

payable each month ☐ thereafter on the
quartermonth ☐ due date until

year ☐ cancelled by me/us

and credit to the account of:

Medical Missionaries of Mary

Bank of Ireland, Merrion Road, Dublin 4

IBAN IE88 BOFI 9012 1262 8354 17 BIC BOFIIE2D

Signed……………………………… Date……………………

Authorised Account Signatory

Signed……………………………… Date……………………

Authorised Account Signatory

Name: _______________________________________

Address: _______________________________________

If you would like your gift to go towards the work of a particular Mission [or Sister],

Please Specify: _______________________________________

You may cancel your standing order at any time by contacting your bank. You may request that MMM remove your banking details from our records at any time. See contact details above.