

STANDING ORDER MANDATE

To my bank: (Bank name)

Postal Address:

Please pay by banker's standing order, cancelling any previous instructions regarding this payee:

BANK ACCOUNT DETAILS

Bank: Bank of Ireland
James's Street, Dublin 8, Ireland
Telephone +353 (0)818 365 365

Account name: St. James's Hospital Foundation Ltd no. 1 current account

Branch code: 90-08-77

Account no. 93683890

BIC: BOFIE2D

IBAN: IE93BOFI90959993683890

Amount (Figures): €

Amount (Words):

Date of First Payment:

Payment Due Date:

Frequency:

Reference (please state where you would like your donation to go):

Until further notice and debit my account:

Name of my account:

My account number:

Sort Code:

I here by authorise you to set-up this standing order payment on my account:

Signed:

Date:

Name (Block Capitals):

Address:

Telephone:

Please complete and return this form to: St. James's Hospital Foundation, St. James's Hospital, James's Street, Dublin 8. Thank you.



St. James's Hospital Foundation, St. James's Hospital, James's Street, Dublin 8, Ireland.

T: + 353 1 428 4086 E: ask@supportstjames.ie W: www.supportstjames.ie

Charity number: CHY 7269