GONZAGA
COLLEGE SJ

Standing Order

Date

Your Bank Name & Address

Your IBAN Number

I/We hereby authorise and request you to debit the account with the sum of:

Total pledged amount:

Installments of:

Frequency (Tick applicable)

Bi Weekly	Monthly	Annually	Quarterly

and to credit

I GONZAGA COLLEGE ACCOUNT No. 2

IBAN Number

I	E	4	4	A	I	B	K	9	3	1	0	3	9	0	5	7	7	5	3	4	2									

BIC Number

A	I	B	K	I	E	2	D																							

Start Date*

Completion Date

Being

Total Payments

Please allow 2 weeks' notice prior to first payment*

It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omissions to make these payments.

Name/Address/Account Title (BLOCK CAPITALS)

Signature