

# Standing Order Form



Please complete and post to

Bloomfield Health Services, Stocking Lane, Rathfarnham, Dublin 16, D16 C6T4

Tel: (01) 4950021 Fax: (01) 4951006 Email: [info@bloomfield.ie](mailto:info@bloomfield.ie) Web: [www.bloomfield.ie](http://www.bloomfield.ie)

Bank \_\_\_\_\_

Branch \_\_\_\_\_

BIC Code \_\_\_\_\_

IBAN: \_\_\_\_\_

Name of A/C Holder \_\_\_\_\_

Please charge my / our Account and pay:

Friends of Bloomfield A/C, Ulster Bank, BIC: ULSBIE2D, IBAN: IE95 ULSB 9850 5001 0765 47

The sum of € \_\_\_\_\_

Repeat amount in words \_\_\_\_\_

Commencing on (Date) \_\_\_\_\_

And thereafter on each succeeding \_\_\_\_\_  
until further notice

Signed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Reference No. (Office Use) \_\_\_\_\_