



# Croi Laighean Credit Union Ltd

O Connell Square, Edenderry, Co Offaly, R45pr99  
 Phone : 1800232425 Fax : 1800232425  
 Web : www.clcu.ie Email : welcome@clcu.ie

Date   
 Member Number

## Standing Order Set Up Form

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

IBAN

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

Account  
Name

IBAN

I	E	3	9	E	D	C	N	9	9	1	0	4	2	0	9	3	5	6	7	4	0											
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\*Beneficiary /  
Receiver Reference

2	1	6	3	1			B	A	L	Y	N	A		P	A	R	I
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Amount

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Amount in Words

Start Date  
(cannot be historic)

D	D	M	M	Y	Y	Y	Y
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Frequency

Weekly	<input style="width: 40px; height: 25px;" type="text"/>	Fortnightly	<input style="width: 40px; height: 25px;" type="text"/>	Monthly	<input style="width: 40px; height: 25px;" type="text"/>
Quarterly	<input style="width: 40px; height: 25px;" type="text"/>	Annually	<input style="width: 40px; height: 25px;" type="text"/>	Other	<input style="width: 80px; height: 25px;" type="text"/>

Number of  
Payments

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Signature

	Date	
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Signature

	Date	
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**Please allow 5 working days prior to the first payment due date**  
**Please return the completed form to your branch**

