



Laos County Council

Standing Order Set Up Form

DATE (DD/MM/YYYY)

/ /

TO: THE MANAGER

	(BANKS NAME)
	(BANKS ADDRESS)

I/We hereby authorise and request you to **DEBIT** my/our account

Sender NSC

- -

Sender Account Number

Sender Account Name

with the amount of

€

Amount in words

and to **CREDIT**

Receiver Account Name

LAOS COUNTY COUNCIL COUNTY FUND ACCOUNT

Receiver IBAN Number

Receiver BIC Number

Please contact us on 057 868 9367 for the IBAN and BIC details

Receiver Reference (To show on Receiver's statement)

/RATES

Please Allow 5 Working Days Prior to First Payment

Start Date (DD/MM/YYYY)

/ /

Frequency (please X box)

Weekly Fortnightly Monthly

Until Further Notice

(please X box if applicable)

or

Final Payment Date (DD/MM/YYYY)

/ /

or

No of Payments

X

SIGNATURE

X

SIGNATURE

Please complete the bank address, account number, sort code and start date and return the original form to your Bank.