

Standing Order Set Up Form

DATE __/__/____

To the Manager

Bank _____

Address _____

I/We hereby authorise and request you to DEBIT my/our account ANNUALLY in the amount of €10 or €20 (please tick the appropriate amount)

starting __/__/__ until further notice. Amount € _____

Sender NSC

Senders Account Number

Senders Name/s

And to credit: - Irish Haemochromatosis Association C.L.G.

Receivers NSC

Receiver IBAN Number

98 62 42

IE17ULSB98624283488047

Ulster Bank, Roscommon

Receivers reference (to show on receivers bank statements)

..... (Sender's name)

CONSENT: The information you provide on this form will be retained on a database for as long as you remain a member and will be used for communications and gathering statistics. You may withdraw your consent to the retention of this data at any time by contacting kate.geogehgan@irishhaemochromatosis-ir. Your data will not be released to any third party without your consent.

I confirm I agree to my data being retained by the IHA

Your Signature: _____

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