

**Parish of Kilnamanagh-Castleview
St. Kevin & St. Kilian**

To: The Manager: _____ Bank
Branch Address: _____

From: (Customer Name) _____
Address: _____

Post code (if known) _____

Account Number:

Sort Code: - -

BIC:

IBAN:

BANK: USING THIS REFERENCE **2 0 2**

Please transfer the following amount: € _____

Amount in words: _____

To the Account of 'Kilnamanagh-Castleview Account No. 2'

Account Number:

Sort Code: - -

BIC:

IBAN: **IE 3 6 A I B K 9 3 3 3 1 7 0 6 7 9 6 3 8 7**

Frequency: (Monthly, Quarterly, Twice Yearly, Annually) _____

Start Date: _____ (Please use a mid month date, i.e. 3rd to 26th)

Signature(s): _____

Date: _____