

STANDING ORDER Set-Up form

To the
Manager

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Branch
Address

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I / We hereby authorize and request to debit my / our account
(Details of the account from which payments will be made)

Account
Name

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BIC

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IBAN

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And to credit the beneficiary / Receiver account
(Details of the account to which payments will be made)

Account
Name

GURDWARA GURU NANAK DARBAR CLG

BIC

A	I	B	K	I	E	2	D												
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IBAN

I	E	6	4	A	I	B	K	9	3	3	6	0	0	2	4	4	8	7	1	9	7
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Beneficiary
/ Receiver
Reference*

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Start Date

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(Cannot be
historic)

Frequency

Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>	Other	<input type="checkbox"/>

Number of
Payments

<input type="text"/>	Until Further Notice	<input type="checkbox"/>
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Amount

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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