Termonmaguirc Parish Weekly Contribution

Regular Payment New Set up Form

XT7387

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

Sender Account Name

Sender NSC Sender Account Number | | | | | | | | |

Sender Reference (To show on sender statement)

with the amount of £

Amount in Words

and to CREDIT

Receiver Account Name TERMONMAGUIRC CHURCH NO 1 ACCOUNT

Receiver NSC 93-81-30 Receiver Account Number 0|3|6|8|4|0|5|1

Bank and branch FIRST TRUST BANK. OMAGH BRANCH

Receiver Reference (To show on receiver's statement)

Start date_____ Make immediate Payment if First Payment Missed _____

Frequency (Eg Weekly, fortnightly, every 4 weeks, monthly, every 2 months, quarterly, every 4 months, half yearly, annually)

No of payments _____ OR Final payment date _____

Or until further notice from me/us in writing. _____

Signature_____

Signature_____

Dated_____

Please allow 5 working days' notice prior to first payment. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments