



Ballinasloe Credit Union (Our Lady of Lourdes) Limited.

Internal Standing Order Request

Section 1-Account Details

To Ballinasloe Credit Union

Feeder account.

Credit Union Account No.

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I hereby authorise Ballinasloe Credit Union to withdraw from the above account and transfer for the credit of

Credit Union Ltd. A/C No.

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Frequency Weekly/Fortnightly/Monthly Amount € Start Date / /

- *This Order cancels any previous order drawn by me in favour of Ballinasloe Credit Union Ltd.*
- *My/Our Account will at all times contain sufficient funds to enable each payment to be effected on the due date.*

Signed: _____ Print Name _____

Address: _____

_____ Date _____

Internal Standing Order Request

Part B

Breakdown of Payment.

Total Amount _____

Loan Amount _____

Signed _____

Credit Union Account No. _____
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Savings Amount _____

Frequency _____

Date _____

Main Street, Ballinasloe, Co. Galway.

Email info@ballinasloecreditunion.ie Tel 090-9643179 Fax 090-9643511

