Standing Order Request

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Address																			
Telephone Number																			
Payer's A/C Name																			
Payer's Bank Name & Addr	ess																		
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Payer's SWIFT/BIC Code											-								
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Payer's A/C Number											•								
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I hereby authorise you to exe	ecute a standing order for payment as deta	ailed above	
Authorised By:		Date:	
Second Signature:		Date:	
(In case of joint account)			

Please post to:

Youth 2000 National Office, Divine Word Missionaries, Moyglare Road, Maynooth, Co. Kildare W23 H2YI