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Ataxia Ireland Standing Order Form

My Bank Account Details:

Date:
Name of Bank: (BLOCK CAPITALS)
Address of Bank: (BLOCK CAPITALS)
Sort Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

Please CHARGE TO MY Account Number:

the sum of: € ← enter amount here

and pay to: **Bank of Ireland, Kill O' The Grange, Dublin 18**

Sort Code: 9 0 1 1 8 3

A/C Number: 8 1 4 5 2 7 5 3

for the Credit of: **Ataxia Ireland**

This order commences on (enter data here: →) and will continue every MONTH / YEAR ← (please ~~strike through~~ appropriate) thereafter, until further notice.

Signed: (Signature)	
Name: (BLOCK LETTERS):	
Address:	
Date:	

Please complete this form and send it to your bank