



Synge Street Past Pupils Union

Cumann Iar Scoláirí Sráid Singe

CHRISTIAN BROTHERS SCHOOLS—SYNGE STREET

MEMBERSHIP APPLICATION FORM

Name: _____ Email: _____

Address: _____

Phone (Home): _____ (Office): _____ Year Left School: _____

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PAYMENT DETAILS

STANDING ORDER

Account Name:

Account Address:

Branch:

Sort Code:

Account No.:

I hereby authorise you to debit the above account **ANNUALLY** with the sum of

€ **25** (min) or ((Please specify Annual amount and delete as applicable)

and to credit the following account

Branch - The Bank of Ireland, College Green, Dublin 2

Sort Code 90-00-17

Account No. 171 676 40 - Synge Street C.B.S. Past Pupils Union

Please credit this account, commencing on the **..FIFTEENTH.. (15)** day of _____ (MONTH) **2016** and annually thereafter. 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.

Signature Date