



Bankers Order Mandate

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|----------------|--|
| Bank Name | |
| IBAN No: | |
| IBIC No: | |
| Sort Code: | |
| Bank Address | |
| Account Number | |
| Account Name | |

The Manager,

I authorise you to charge to my account by way of direct debit sum of € .00
_____ (written figure) per month in respect of CPI online donation
commencing on the ___/___/_____

Signature: _____

Dated: _____

Account name Chronic Pain Ireland
Address AIB Dun Laoghaire
Sort Code 93 34 06
Account Number 75755027

Please return banking mandate to:
Chronic Pain Ireland
Carmichael Centre,
North Brunswick Street
Dublin 7