



**Chronic Pain
Ireland**

Bankers Order

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 bankers order for the sum of €22.00 per annum in respect of CPI membership commencing on the

___/___/___

Signature: _____

Dated: _____

Account name Chronic Pain Ireland
Address AIB Dun Laoghaire, Dublin
BIC: AIBKIE2D
IBAN:IE73 AIBK 9334 0675 7550 27

Please return bankers order to:

Chronic Pain Ireland
Carmichael Centre,
North Brunswick Street
Dublin 7