



### Bankers Order Mandate for CPI Monthly Donation

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

The Manager,

I, the undersigned, authorise you to charge to my account by way of direct debit, the sum of € .00 (insert figure/written total) on a monthly / annual basis (please select as appropriate) in respect of CPI donation commencing on the \_\_\_/\_\_\_/\_\_\_ .

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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

**Please forward a copy of return banking mandate to:**  
Chronic Pain Ireland, Carmichael Centre, North Brunswick Street, Dublin 7