



Bankers Order Mandate for CPI Membership

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 €22.00 Twenty Two Euro on an annual basis in respect of CPI membership 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