

Steer Clear Standing Order Form

Please Complete your Name and Contact details below

Name: _____

Student's name (if different): _____

Address _____

Email _____

Phone No: (home) _____ (moble) _____

STANDING ORDER FORM

Option A

I want to pay Steer Clear €35 every week for 10 weeks starting _____

Option B

I want to pay Steer Clear €116 every month for 3 months starting _____

1. Please write the name and full postal address of your bank and branch

2. Name of account holder _____

3. Sort Code : _____ Account No: _____

Signature: _____ Date: _____