



St. John's Parish
Castle Street
Tralee

Capital Fund Contribution Form

STANDING ORDER INSTRUCTIONS

I wish to make a contribution of €_____ to St. John's Parish.

Monthly

Annually

Start date: ___/___/___

PLEASE PRINT:

Title:	First Name:	Surname:
Address:		
Email:	Tel:	
Name of your Bank/Building Society:		
Branch Address:		
Your IBAN Number:		
Your BIC Number:		
Account Number:	Sort Code:	

St. John's Parish Bank Details:

BIC: BOFI IE2 D **IBAN:** IE55 BOFI 9058 3867 8214 28

Account Name: St. John's Parish Capital Fund

Bank Name: Bank Of Ireland,

Bank Address: Castle Street, Tralee, Co. Kerry.

A/C Number: 67821428 **Sort Code:** 90 58 38

Signature: _____ **Date:** _____

When completed and signed, the form should be sent to:

St. John's Parish Centre, Castle Street, Tralee.

Thank You.

Telephone: 066 7122522 **Email:** stjohnscastlestreet@eircom.net

If you do not wish to be contacted please tick here.