

Voluntary Contribution Form

Contribution & Standing Order Details

| | |
|--------------------------|--|
| <input type="checkbox"/> | We/I wish to set up a standing order (if so please give details below) |
| <input type="checkbox"/> | We/I wish to pay with the enclosed cheque |
| <input type="checkbox"/> | We/I do wish to pay weekly/monthly to the school office |

Family Information

| | | | |
|----------------------------|--|---------------|--|
| Name(s): | | | |
| Address(es): | | | |
| Contact Number: | | | |
| Contact Email: | | | |
| PPS (RSI) Number: | | | |
| Name of Child(ren): | | Class: | |
| | 1st child €280, 2nd child €330, 3rd child €380 | | |
| | | | |

For School Use Only

| Family Number | Date Received | Date Processed | Date Acknowledged | Bank Reference Code |
|---------------|---------------|----------------|-------------------|---------------------|
| | | | | |

Instruction To Your Bank

Instruction to your Bank to pay a standing order to Rathfarnham Educate Together National School:

| | | | | | | | |
|----------------------|---|------------------------|---|---|---|--|-------------------------|
| To: | The Manager | | | | | | |
| Bank name: | _____ | | | | | | |
| Address: | _____ _____ | | | | | | |
| Account Name: | _____ | | | | | | |
| Sort Code: | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | Account Number: | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | | | | |
| Please debit | <input style="width: 60px; height: 25px;" type="text"/> € | each | <input style="width: 50px; height: 25px;" type="text"/> Week | <input style="width: 50px; height: 25px;" type="text"/> Month | <input style="width: 50px; height: 25px;" type="text"/> Quarter | <input style="width: 50px; height: 25px;" type="text"/> Year | (delete as appropriate) |

Voluntary Contribution Form

from the account above and pay to Rathfarnham Educate Together Contributions Account
Bank of Ireland - Sort code 90-02-01 Account No. 71239545

Please replace all previous standing orders/direct debiting instruction in favour of
Rathfarnham Educate Together N.S. with this mandate.

Please quote reference (RETNS use):

| | | | |
|----------------|--|--------------|--|
| Signed: | | Date: | |
|----------------|--|--------------|--|