UCD Societies – Payment Request Form

Date: _____

Society: _____

Auditor: _____

Brief outline of payment to be made:

Payment Method: Card Payment / International Transfer (select one)

Amount in Euros: _____

Date of Payment: _____

Payee account details (A/C Name, Bank Address, IBAN, BIC):

Please note that all payment requests should be made at least 10 days before payment is required to be made. It cannot be guaranteed that requests made outside of this window will be processed.