## Payment Authorisation form for Funeral Director Invoices PLEASE COMPLETE IN BLOCK CAPITALS



I/We,		the Executor(s)/Administrator(s) hereby
authorise Bank of Ireland (the 'Ba	ank') to effect	an Electronic Funds Transfer, in relation to monies held in the Bank for and
on behalf of		deceased under
account No(s)		to the Funeral Director.
Please complete the following de	tails:	
Bereavement Support Unit Ref:	G C	
Payee Account BIC:		
Payee Account IBAN:		
Payee Name:		
Payee Address:		
Payee reference:		
Amount:	€	
		May be witnessed by an Accountant, Barrister, Solicitor, Bank or Building Society official, Commissioner of Oaths/Notary Public, Justice of the Peace, FSA registered broker/introducer,
		Post Office Official (UK only) or an Attorney at law.
Signatures of Executor(s)/Admir	nistrator(s):	Witnessed by: Profession
SIGN HERE		SIGN HERE
SIGN HERE		SIGN HERE
SIGN HERE		SIGN HERE
SIGN HERE		SIGN HERE
Office Use Only		
Amount to be released:  Intitals:		