

# BURSARY EFT SETUP

v1703



CDYSB Internal Use Only	
GMIS No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Supplier No.:	<input type="text" value="C"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Remittance Email:	finance@cdysb.cdetb.ie

Please complete this form in **clear block capitals**

## Student Details

Student Name:

  

Address:

  
  
  

Phone No.:

## Bank Details

Name of Bank:

Address of Bank:

  
  

BIC:

IBAN:

Bank Account Name:

As on Bank Statement

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_