Direct Credit Requisition Form for Voucher Payments

Business Name *: _____

Business Phone Number: _____

**** Please Note: This is the account name maintained by the Firm in connection with your authorisation***

Account Number (IBAN)

Swift BIC

Requested By: _____

Authorised Signatory

Date:

Please return completed form to:

Emma Gollogly
Golo.ie Insurance
22 Main Street,
Carrickmacross
Co. Monaghan.