

Grade Exam Payment

Please indicate in the appropriate box your method of payment

Please return this form with your payment and completed Credit/Debit Card details.

<input type="checkbox"/>	BANK TRANSFER	<p>Payee Details: An Coimisiún Le Rincí Gaelacha</p> <p style="text-align: right;">IBAN: IE24 AIBK 9312 3300 4781 44</p> <p style="text-align: right;">SWIFT CODE: AIBKIE2D</p> <p><u>A/C Number:</u> 00478144</p> <p><u>Sort Code:</u> 93-12-33</p> <p>Allied Irish Bank 100/101 Grafton St. Dublin 2, Ireland <i>(please also include your name as well as date and location of exam as payment reference)</i></p>	
<input type="checkbox"/>	CHEQUE	<p>Payee – An Coimisiun Le Rinci Gaelacha</p>	
<input type="checkbox"/>	<p>CREDIT CARD 3.5% handling fee will apply</p>	<p>Name of Cardholder:</p> <p>_____</p> <p>Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Card Number: _____</p>	<p>Select: One:</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> MasterCard</p> <p>3 Digit CWV Pin:</p> <p>_____</p> <p>START DATE: _____ / _____ EXPIRY DATE : _____ / _____</p>