

STARS OF ERIN FOOTBALL CLUB

Standing Order Mandate Form

NOTE: This form should be filled in and sent to the committee of Stars of Erin - **NOT TO THE BANK**

The Manager, _____
Please make payment in accordance with the following details, debiting from my/our* account
 (*delete as appropriate)

From:																					
_____ Bank	_____ Branch																				
Payee reference	STARS OF ERIN (to appear on payee statement)																				
My Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Sort Code <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td> </td><td>-</td><td> </td><td>-</td></tr> </table>										-		-								
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My IBAN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
My BIC	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

To: AIB Bank, 10 Main Street, Dundrum, Dublin 14												
Beneficiary Account : Stars of Erin Football Club												
Payer reference:	_____ (your name - to appear on club statement)											
Beneficiary Account No.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>6</td><td>0</td><td>2</td><td>4</td><td>0</td><td>7</td><td>4</td></tr> </table> Sort Code <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td>93</td><td>31</td><td>20</td></tr> </table>	1	6	0	2	4	0	7	4	93	31	20
1	6	0	2	4	0	7	4					
93	31	20										
Beneficiary IBAN: IE56 AIBK 9331 2016 0240 74 BIC: AIBK IE2D												

PLAY	3 LOTTO NUMBERS (1-32)	COST PER MONTH €	COST PER ANNUM €
1	- -	€8	€96
2	- -	€16	€192
3	- -	€20	€240
4	- -	€28	€336

Payment & frequency € _____ (MONTHLY)/(YEARLY)(*delete as appropriate)

First Payment 25th / ____ / ____ Last Payment ____ / ____ / ____

**payments taken monthly on 25th and relate to all lotto draws for the following calendar month

Signed _____

Account Name _____ Date ____/____/____

Home Address _____

Tel. No. _____ Email Address _____