

Weekly Numbers (Enter 3 numbers between 1 & 24)



To the Manager of: _	(Your Bank)
Bank Address:	
BIC Code:	
I/we hereby authorise a	& request you to DEBIT my account
IBAN Account Numb	per:
Please pay to the Cast	lemitchell Football Club LOTTO Account:-
Allied Irish Bank	a, BIC: AIBKIE2D IBAN: IE51AIBK93336804584072
Reference:- Lotto	*(*Enter Your Name)
The sum of €8.00 on t	he first day of each month
Starting on/	_/(Date) until further notice
(Please allow 5 wor	king days prior to first payment)
(1) Name (BLOCK C	APITALS)
Address:	
Signature:	
(2) Email Address (To Receive Castlemitchell Football Club Lotto Results /News/Updates)
(3) Mobile Number	(To Receive Castlemitchell Football Club Lotto Results /News/Updates)
(4) Seller Name (Bl	LOCK CAPITALS)
P	lease return completed form to Club Treasurer or Secretary

Castlemitchell GFC Lotto Committee would like to thank you for your support.