

# STANDING ORDER Set Up Form

## TULLAMORE RUGBY FOOTBALL CLUB LOTTERY



To the  
Manager

Branch  
Address

**I /We hereby authorise and request you to debit my/ our account**  
(Details of the account from which payments will be made)

Account  
Name:

**BIC (optional from Feb 1<sup>st</sup> 2016)**

IBAN

**and to Credit the Beneficiary/Receiver account**  
(Details of the account to which payments will be made)

Account  
Name:

**BIC (optional from Feb 1<sup>st</sup> 2016)**

IBAN

\*Beneficiary /Receiver Reference  
  
*Reference will appear on Beneficiary /Receiver statement - Usually your name*

Start Date (cannot be historic)

Frequency

Quarterly 
 Half Year 
 Monthly 
 Yearly

Number of Payments

Amount

Signature  Date

Signature  Date

**Please allow 5 working days prior to the first payment due date. Please return the completed form to your branch.**

Phone Number  E-Mail Address

Monthly = €9.00    -    Quarterly = €25.00    -    Half Yearly €50.00    -    Yearly - €100.00