



APPLICATION FORM FOR STANDING ORDER PAYMENTS

To:

Bank Name:

Bank Address:

FIRST STANDING ORDER

I/We hereby authorise you to debit my/our account

Account Name:

Account No:

With the sum of **£16.00** (Sixteen Pounds) monthly

under reference "Loughinisland GAC"

Commencing : **1st October 2015 until further notice.**

And to credit the account of Loughinisland GAC - Account No. 63357018

At First Trust Bank, Downpatrick - NSC 93-80-33

Under reference: " " **Senders Name**)

N.B. - Signature(s):..... **Date:**.....

SECOND STANDING ORDER

I/We hereby authorise you to debit my/our account

Account Name:

Account No:

With the sum of **£4.00** (Four Pounds) monthly

under reference "Loughinisland GAC"

Commencing : **1st October 2015 until further notice.**

And to credit the account of Friends of Loughinisland GAC - Account No. 18235038

At First Trust Bank, Downpatrick - NSC 93-80-33

Under reference: "**LOTTO** - " **Senders Name**)

N.B. - Signature(s):..... **Date:**.....

Please allow 5 working days notice prior to first payment.
It shall be understood that the Bank shall not be under any liability for damage
or loss caused by any omission to make these payments.

+++++

PLEASE ENTER YOUR 4 LOTTO NUMBERS BELOW - CHOOSE NUMBERS BETWEEN 1 and 28

1st No.	2nd No.	3rd No.	4th No.