

STANDING ORDER MANDATE



Ballyneety, Co. Limerick

*Please complete where * is indicated:*

*DATE _____

*TO THE MANAGER _____ BANK

*BANK ADDRESS _____

I/We hereby authorise and request you to Debit my/our

*Name(s) on Account _____

*IBAN Number _____ *BIC _____

with the sum of EURO € (say) * _____

*Receiver Reference _____ (your name)

and to Credit **Ballyneety Golf Club**

Golf Club IBAN: **IE83 AIBK 936189 22814386** BIC: **AIBKIE2D**

At: **AIB, Main Street, Charleville, Co. Cork**

On the * _____ day monthly beginning* _____ 2019 for a duration of* _____ months.

Total of* _____ repayments.

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.

*SIGNATURE(S) _____

*DATE _____

Failure to pay your monthly subscription will lead to the immediate cancellation of your membership

Notes (payment breakdown) _____

Please return completed original form to the office at Ballyneety Golf Club

Email: sinead@ballyneetygolfclub.com or call 061 351881 if you have any queries