

BOHEMIAN F.C. MEMBERSHIP STANDING ORDER MANDATE

To: The Manager

..... [Name & address
..... of Your Bank]
.....

I/we authorise and request that you debit my/our account the sum of **€61.00** per month for SIX MONTHS.

Your Account Name:

IBAN: _ _ _ _ _

BIC: _ _ _ _ _

And Credit:

Bohemian Football Club.

Bank:

AIB,

140 Lr Drumcondra Road,
Drumcondra, Dublin 9.

BIC: AIBKIE2D

IBAN: IE93 AIBK 932205 01266417

Payer Reference:

.....
[Your Name in CAPITALS]

Frequency: MONTHLY

*Start Date: _ _ / _ _ / _ _ _ _

End Date: _ _ / _ _ / _ _ _ _

Signed:.....

Date: _ _ / _ _ / _ _ _ _

Your E-Mail Address:

Please provide an e-mail address if you wish to receive all official club communications by e-mail. You will receive an initial e-mail from **membership@bohemians.ie** Thank you!

Please forward this mandate to your bank for processing.

*Allow one week when filling in Start Date.

Please send a copy to: Lynn O'Neill, Administration Manager, Bohemian FC,
Dalymount Park, Phibsborough, Dublin 7, D07 YXW0 or e-mail copy to
lynn@bohemians.ie