



FINN HARPS FC

500 CLUB

ENTRY DETAILS



Name: _____

Address: _____

Email Address: _____

Mobile Number: _____

PLEASE RETURN FORM TO TREVOR GORDON, THE GLEBE, LETTERKENNY, CO DONEGAL, F92 AXT2T
OR EMAIL TO 500CLUB@FINNHARPS.IE FOR PROCESSING AND FORWARDING TO YOUR BANK

Finn Harps will not share your personal data with any third parties.

STANDING ORDER SET UP FORM:

To the Manager

Branch Name: _____

Branch Address: _____

I /We hereby authorise and request you to debit my/ our account:

Account Name:

IBA N:

and to Credit the Beneficiary/Receiver account:

Account Name:

IBA N:

I	E	5	6	B	O	F	I	9	0	4	7	1	2	1	8	4	5	0	0	8	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Beneficiary Reference:

Reference will appear on beneficiary statement.

Start Date: Payment Frequency:

Amount:

Signature(s):

Date:

My/Our account will at all times contain sufficient funds to enable each payment to be made on the due date. I/We understand that if three consecutive payments are not made due to insufficient funds, you will cancel this standing order without further reference to me/us. It shall be understood that the bank shall not be under any liability for damage or loss caused by any omission to make these repayments.