

Standing Order Mandate

Date: __ / __ / _____

Please Pay: Allied Irish Bank, James St., Claremorris, Co. Mayo.

Receiver Account Name: Claremorris Golf Club

Receiver BIC: AIBKIE2D

Receiver IBAN: IE71AIBK93744403934038

The Sum of: €8 4 Weekly

(Please Tick) €26 Quarterly

€50 Half

Start Date: __ / __ / _____

Finish Date: U.F.N.

Name of A/C to be Debited

Address:

Bank:

Branch:

Sender BIC:

Sender IBAN:

Signature of A/C Holder:

Ref. No.: (Please quote on all payments)

Sellers Name:

Please return to Claremorris Golf Club

Receipt

To: _____ Paid S/O €8 4 Weekly

€26 Quarterly

€50 Half Yearly

Cash €100

Cheque €100

X

For Claremorris Golf Club

Thank You for supporting Claremorris Golf Club

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