

# CASTLEKNOCK CELTIC FC

5 Castleknock Meadows, Dublin 15 – Phone 083 4111721



## STANDING ORDER MANDATE FORM

To the Branch Manager (Bank Name)	
Branch Address	

I /We hereby authorise and request you to debit my/ our account  
(Details of account from which payments will be made)

Account Name	
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[illegible]

BIC No.								
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and to Credit the Beneficiary/Receiver account below:

Account Name	Castleknock Celtic FC
Branch address	AIB, Blanchardstown TC, Dublin 15
IBAN No.	IE96AIBK93251548352019
BIC No.	AIBKIE2D

Beneficiary / Receiver Reference – Player Name	
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Start Date (cannot be historic)	
Amount per Month	
Number of monthly payments	
Total amount	

Signature (1)		Date	
Signature (2)		Date	

Please return this mandate form to : Club Treasurer, or Player's Manager, or Club official