

# CASTLEKNOCK HURLING & FOOTBALL CLUB



Cumann Báire agus Peile Chaisleán Cnucha



## Subscription Direct Debit Form

Name: (BLOCK CAPITALS) \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Mentor/Seller: \_\_\_\_\_ Tel: \_\_\_\_\_

Your subscription entitles you to 2 entries in the club Lotto. Select any 4 numbers from 1 - 26 and record them clearly in ascending order in the boxes. Select 4 numbers on Line A and 4 numbers on Line B. Additional lines can be purchased by completing Line C & Line D at €2 per line per week. If you wish to continue to play with existing numbers just tick the "existing" box before each line.

existing	<input type="checkbox"/>	<b>Line A</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	existing	<input type="checkbox"/>	<b>Line C</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
existing	<input type="checkbox"/>	<b>Line B</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	existing	<input type="checkbox"/>	<b>Line D</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A confirmation will be issued by the Finance Committee which will specify the commencement date/month.

### Direct Debit Authorisation

Please complete sections 1 to 4 below to instruct your bank to make payments directly from your account. Then return the form to your mentor/seller. **Please indicate if this mandate replaces an existing mandate?**

No

Originators identification number: 

3	0	2	4	7	5
---	---	---	---	---	---

Yes

1. Bank \_\_\_\_\_ Branch: \_\_\_\_\_

2. Account Name: \_\_\_\_\_

3. A/C Number 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

 Sort Code 

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

4. I instruct you to pay € \_\_\_\_\_ direct debit monthly from my account at the request of Castleknock Hurling & Football Club on or before the last day of every month. I will inform the bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund. Banks may decline to accept instructions to pay direct debits from some types of accounts.

Signature(s) A: \_\_\_\_\_ B: \_\_\_\_\_ Date: \_\_\_\_\_



[www.communitycu.ie](http://www.communitycu.ie)  
Tel: (01) 8201111  
Juvenile Section Spons



Castleknock Hotel & Country Club  
[www.castleknockhotel.com](http://www.castleknockhotel.com)  
Tel: (01) 640 6300  
Adult Section Sponsor