



SHELBOURNE FC PREMIUM SEASON TICKET SCHEME STANDING ORDER SET UP FORM

(Beneficiary Name if applicable)

To the Manager

Branch Address

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

Account Name:

BIC

IBAN

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Bank Name: Permanent TSB

Bank Address: Blanchardstown, Dublin 15

Account Name: Shelbourne FC Limited

IBAN: IE14IPBS99061110405740

BIC: IPBSIE2DXXX

*Beneficiary/Receiver Reference

Reference will appear on Beneficiary /Receiver statement

Start Date

Frequency Annually Monthly

Number of Payments One Twelve

Amount €360 €30

Signature

Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to your branch.