

Balbriggan Cricket Club – Indoor Training Centre Donation Scheme

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 (optional)

IBAN

and to credit the Beneficiary/Receiver Account

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

Account Name

BIC

IBAN **IE14IPBS99065826645553**

Beneficiary /Receiver Reference
Reference to appear on Beneficiary/Receiver Statement

Start Date
(cannot be historic)

Frequency Weekly Quarterly
 Monthly Annually

Number of Payments

Amount

Signature Date

Signature Date

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

Completed form should be returned to your branch