



DONEGAL GAA

Personal Details



Name:

Address: Email

Mobile Number: Company Name (If appropriate):

Income Tax Registered: or
PAYE only: PPS No. Higher Tax Rate Lower Tax Rate
Please Tick ✓

STANDING ORDER

Finance Details: This form instructs your bank or building society to make payments direct from your account.
PLEASE COMPLETE ALL SECTIONS ON THIS FORM.

NEW STANDING ORDER

Beneficiary Name: Donegal GAA (Club Tir Chonail)

Beneficiary Account: 8 2 2 0 3 4 8 4

NSC: 9 0 - 4 9 - 1 5

Name:

To the Manager Bank at

I/we hereby authorise and request you to debit my/or

Account Number _____ Sort Code ____ - ____ - ____

Year 2012 Payments

Frequency: 1 Payment €500 2 Payments €250 5 Monthly Payments €100

Other Details

Start Date: ____ / ____ / ____ Expiry Date: ____ / ____ / ____

Amount in words: Euro

or 5 Yearly Payments of €100

Frequency:

5 Yearly Payments €100: Start Date: ____ / ____ / 2012 Expiry Date: ____ / ____ / 2016

Amount in words: One hundred euro

Customer's signature: Date:

When completed, please return Membership Form to:

Grace Boyle, GAA County Treasurer, Kilmore, Churchill, Letterkenny, Co.Donegal.