

Lotto Form

Option 1: Direct Debit
Corbally FC Ref

Date:

Bank Name:

Bank Address:

Bank Sort Code:

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I hereby authorise and request you to debit my/our account

Account Number

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With the sum of € _____

Equal to €70 per annum

Equal to €17.50 per quarter

Equal to €6 per month

Credit: Corbally AFC, Allied Irish Bank, 106/108 O'Connell St, Limerick

A/C Number

1	6	1	9	1	4	7	0
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Bank Sort Code

9	3	5	2	4	7
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Start Date:

Name _____ Signature _____

Option 2: Annual Payment

I wish to join the Corbally Utd weekly Lotto draw and enclose cheque/cash for €70 to cover the next 12 months

Option 3: I am already on Direct Debit

My chosen 4 numbers for the weekly lotto draw are as follows (4 numbers from 1-28)

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Name _____ Address _____

Tel _____