

## FA Centre of Excellence Training Membership 2020

Isle of Man Football Association The Bowl Douglas Isle of Man IM2 1AD

## Standing Order Mandate – Double Session Player Name of Player......Age Group Boy U11-U13

| Name of Bank                       |   |
|------------------------------------|---|
| Address of Bank                    |   |
|                                    |   |
|                                    |   |
| Sort Code                          |   |
| Account No.                        |   |
| Account Name                       |   |
| Amount of payment                  | £80                                     |
| Frequency                          | Monthly (28th of each month) – 4 months |
| Date of 1st Payment                | 28th October 2020                       |
| Date of Last Payment               | 28th December 2020                      |
|                                    |   |
| Recipient Information              |   |
| Name                               | IOM Football Association                |
| Sort Code                          | 55-91-00                                |
| Account No.                        | 12676853                                |
| Payee Reference (Name of Player in |   |
| BLOCK CAPITALS)                    |   |
|                                    |   |
|                                    |   |
| Authority                          |   |
| -                                  |   |
| I authorise you to make the above  | Date                                    |
| payments until further notice      |   |

Please return form to IOMFA Office (above stated address)