

Your Details (please print in block capitals)		2 Payment Frequency				
Title. First Name.		How many £2 entries would you like each week.				
Surname.						
Address.			Monthly / £8.68 X Direct Debit Only			
	v	How often do you want to pay.	Every 13 Wks / £	26		
Postcode. Tel. Mobile.		(Please tick payment frequency & write amount in box)	_	Every 26 Wks / £52		
			Every 26 Wks / £			
D.O.B. If you would like to receive via email, please click her			Every 52 Wks / £	Every 52 Wks / £104		
Email.						
Football Team you support.		Total Payment				
3 Select Your Payment Method	anks and Building Societies i	may not accept Direct Deb	oit instructions for some type	es of account.	DD15	
Direct Debit Please fill in the form and return to ClubDraw. Name and Full postal address of your Bank or Building Society. Instruction to your Bank or Building Society.				DI	RECT e b i t	
		vice User No.	4 2 1	8 9	7	
Address.	Refe	erence.				
		ruction to your Bank or Bu				
Postcode.		Please pay ClubDraw from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with ClubDraw and, if so, details will be passed electronically to my				
	Banl	k / Building Society.			-	
Name(s) of Account Holder(s).		Signature.				
Branch Sort Code.			Date.			
Bank / Building Society account number.						
Payment by Cheque I enclose a Cheque made payable to ClubDraw Limited (minimum payment £26)						
4 Your Consent To Play (I confirm I am over 16 and resident in G.B.)						
Signature.	Date.		1			
Please tick here if you would like to be contacted regarding special promotions available through ClubDraw and its partners						

ClubDraw Limited

Freepost RLZR - GSYJ - KSZA BARROW-IN-FURNESS LA14 2PE