

How to Pay

It couldn't be simpler. Just fill in your details below and choose your preferred payment method.



| | |
|-------|----------|
| Title | Forename |
|-------|----------|

| |
|---------|
| Surname |
|---------|

| |
|---------|
| Address |
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| | |
|----------|---------------|
| Postcode | Date of Birth |
|----------|---------------|

Please tick this box if you do NOT wish to be kept informed of developments at Exeter City Football Club by post.

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|--|
| Home telephone Number (inc. area code) |
|--|

Please tick this box if you do NOT wish to be kept informed of developments at Exeter City Football Club on the above landline.

| |
|---------------|
| Mobile Number |
|---------------|

Please tick this box if you do NOT wish to be kept informed of developments at Exeter City Football Club on the above number.

| |
|---------------|
| Email Address |
|---------------|

Please tick this box if you do NOT wish to be kept informed of developments at Exeter City Football Club by email.

Please tick this box if you do NOT wish to be contacted by the club's selected partners.

Choice of Payment (3 options - tick as appropriate)

1. To the manager

| |
|---------------------------|
| Bank/ Building Society |
|---------------------------|

| | |
|--------------|-----------|
| Bank Address | Sort Code |
|--------------|-----------|

Please pay EXETER CITY Football Club a **standing order** sum of £10 to the account of EXETER CITY Football Club 20 30 51 / Barclays High Street Exeter / 00728012 on the 28th of each month starting immediately until further notice.

| | |
|-------------------|---------------------|
| Your Account Name | Your Account Number |
|-------------------|---------------------|

| | |
|-----------|--------------------------|
| Signature | Quoting Reference Number |
|-----------|--------------------------|

2. I enclose a **cheque** payable to 'Exeter City Football Club' for **£110** (12 months with £10 discount)

3. I wish to pay by **debit/credit card**. Details are given below (please tick box for type of card):-
 VISA/DELTA/ELECTRON MASTERCARD AMERICAN EXPRESS SOLO/MAESTRO/SWITCH

| |
|--------------------------|
| Debit/Credit Card Number |
|--------------------------|

| | |
|------------------|-----------------|
| Card Expiry Date | Card Start Date |
|------------------|-----------------|

| | |
|--|------------------------------------|
| Security Number (3 digit number on back) | Issue Number (Maestro/Switch only) |
|--|------------------------------------|

I authorise Exeter City Football Club to deduct **£110** (12 months with £10 discount)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Send completed form to: **Exeter City Football Club, St James Park, Exeter EX4 6PX**

For further information regarding the City Foundation please contact the above address or telephone 0871 855 1904 or email enquiries@exetercityfc.co.uk.