HIBERNIAN'S **PAYMENT PLAN**

HOW THE PLAN WORKS...

1. Please complete your choice of Season Ticket on the Season Ticket application form.
2. Complete the form below and direct debit mandate and ensure that you sign both the application form **and** direct debit mandate where applicable.
3. Return the completed application to Hibernian Football Club, Easter Road Stadium, 12 Albion Place, Edinburgh EH7 5QG.
4. The 4 monthly payments will commence on the date shown on the application form and on the 1st of each month after.
5. For your own records, please complete the boxes below:

Total Cost by Installment: £

Monthly Installment: £

FOR ALL ENQUIRIES PLEASE CALL HIBERNIAN FC ON 0131 661 1875

THE DIRECT DEBIT GUARANTEE

This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
If the amounts to be paid or the payment dates change Hibernian Football Club will notify you 10 working days in advance of your account being debited or as otherwise agreed.
If an error is made by Hibernian Football Club or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
You can cancel a Direct Debit at any time by writing to your Bank or Building Society.
Please also send a copy of your letter to us.

TERMS AND CONDITIONS

1. The Hibernian Football Club Limited ("the Club") agrees to collect 4 monthly payments, commencing 18 April 2006, from the Season Ticket Holder in respect of Season Ticket(s) purchased by the Season Ticket Holder.
2. The terms of this agreement shall include all the terms and conditions of issue of a season ticket by the Club to the Season Ticket Holder. NOTE: If you pay for next season's ticket using the Payment Plan, you will NOT qualify for the Early Bird offer
3. If the Season Ticket Holder:
   a. Fails to comply with the terms of this agreement; or
   b. Fails to pay to the Club a monthly payment on or within 7 days of the due date for payment; or
   c. Fails to maintain a direct debit mandate
   Then and in any such event the Season Ticket Holder agrees to:
   d. The Season Ticket remaining in the ownership of the Club until fully paid.
   e. On each instance of non-collection pay an administration charge of **£5**, such charge to be deducted from monies already collected if available.
   f. If after repeated attempts to collect installments have failed, the seat allocated to the Season Ticket may be released at the discretion of the Club.
4. If following an event of default as described in clause 3 the Season Ticket Holder wishes to continue the purchase of a Season Ticket, the Season Ticket Holder shall pay to the Club forthwith the total monthly payments which are unpaid. If instead a refund is requested this will be paid back to the Season Ticket Holder without the payment of interest and after the deduction of any administration charges levied under section 3e above.
5. Following a default as described in clause 3 and 4 above, all installment facilities will be withdrawn from the Season Ticket Holder indefinitely.
6. No time or indulgence extended to the Season Ticket Holder nor any waiver of any breach hereof shall prejudice, affect or restrict the rights and powers of the Club.
7. This agreement is personal to the Season Ticket Holder and is not assignable by the Season Ticket Holder.
8. The terms of this agreement will apply to any renewal unless otherwise advised by the Club on or before the date of such renewal.

PLEASE DETACH THIS SECTION AND KEEP FOR YOUR RECORDS, COMPLETE THE SECTION BELOW AND RETURN TO HIBERNIAN FC

FORENAME _____ SURNAME _____

ADDRESS _____

POSTCODE _____ DAY TEL. _____

EVENING TEL _____ MOBILE _____

EMAIL _____ DATE OF BIRTH _____

SEASON TICKET (S)
(TOTAL PAYABLE WITH PAYMENT PLAN)

PAYABLE BY 4 MONTHLY PAYMENTS OF
(DIVIDE THE TOTAL AMOUNT BY 4)

TO COMMENCE ON THE 18TH APRIL AND ON THE 1ST OF EACH MONTH THEREAFTER.

SIGNATURE OF SEASON TICKET HOLDER

X _____ X

DATE OF SIGNATURE

SIGNATURE ON BEHALF OF THE HIBERNIAN FOOTBALL CLUB LIMITED

Judith Quinn

SCHEME MANAGER

INSTRUCTIONS TO YOUR BANK/BUILDING SOCIETY TO PAY DIRECT DEBITS

Originator No: 388152

DIRECT Debit

The Hibernian Football Club Limited 12 Albion Place EDINBURGH EH7 5QG

1 ▶ Name of Account Holder

2 ▶ Sort Code

3 ▶ Account Number

TO THE MANAGER

_____ BANK/BUILDING SOCIETY

4 ▶ Please write the **full postal address** of your Bank/Building Society in the box above. Banks/Building Societies may refuse to accept instructions to pay direct debits from some types of accounts.

5 ▶ **INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY**
Please pay The Hibernian Football Club Limited. Direct Debits 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 The Hibernian Football Club Limited and if so details will be passed electronically to my Bank/Building Society.

SIGNATURE

X _____ X

DATE _____

OFFICE USE ONLY