

# SEPA DIRECT DEBIT MANDATE

(Office Use Only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**St. Paul's**  
Garda Credit Union Ltd.

Boreenmanna Road,  
Cork.  
Tel: +353-(0)21-4313355  
Fax: +353-(0)21-4310746  
W: [www.stpaulscu.ie](http://www.stpaulscu.ie)  
E: [enquiries@stpaulscu.ie](mailto:enquiries@stpaulscu.ie)

Unique Mandate Reference to be completed by Credit Union

**Creditor Identifier IE09ZZ301152**

By signing this mandate form, you authorise (A) St Paul's Garda Credit Union Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from St. Paul's Garda Credit Union Ltd.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**Please complete all the fields below marked \***

\*Your Name

\*Your Address

\*City/Postcode

\*Country

\*Account

Number (IBAN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\* Swift / BIC

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*Name(s) on account to be debited

Credit Union Name and address

ST. PAUL'S GARDA CREDIT UNION LTD,  
BOREENMANNA ROAD,  
CORK

\*Type of payment (Please tick ✓)

Recurrent

☐

or

One-Off Payment

☐

\*Signature(s)

\*Date of signing

-----  
**For Creditors use only**

\* Debtor Identification Code (Credit Union Member No)

\* Person on whose behalf payment is made (Member Name)

DD form completed by

\_\_\_\_\_

Date

\_\_\_\_\_

Input By

\_\_\_\_\_

Date

\_\_\_\_\_

# DISBURSEMENT OF FUNDS

Frequency (delete as appropriate)

Weekly / Monthly / Fortnightly

Date and amount of first payment

(Allow 7 business days from the date of signing the Form)

Date: \_\_\_\_\_ Amount € \_\_\_\_\_ Ref: \_\_\_\_\_

## Deduction Breakdown

Account  
Number

--	--	--	--	--	--	--

Name \_\_\_\_\_

Loans/Shares/Family Members


Amount

€						
€						
€						
€						
€						
€						
€						
€						
€						
€						
Total	€					

Budget

€						
€						
€						
€						
€						
Total	€					

Total


Operator No. \_\_\_\_\_

Date Completed \_\_\_\_\_

*For office use only*