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

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 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.

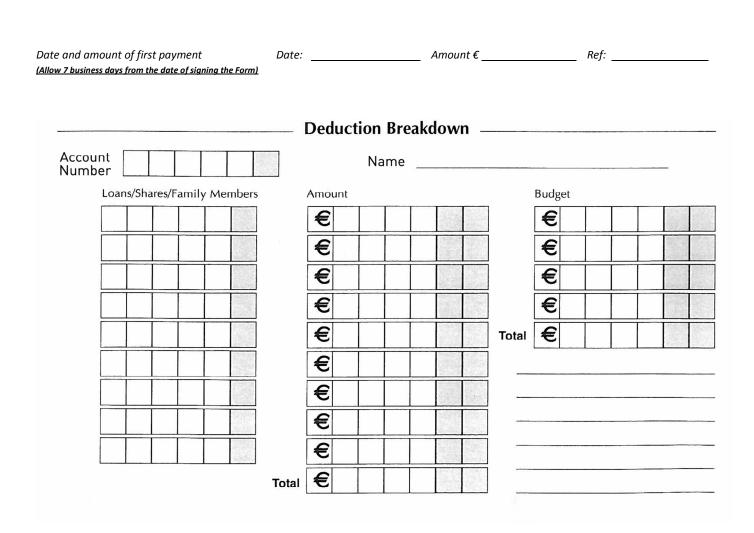
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your 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 ar	nd address	ST. PAUL'S G BOREENMA CORK			LTD,						
*Type of payment <i>(Pl</i>	'ease tick ✔)	Recurrent] <u>or</u>	One	-Off Pa	yment				
*Signature(s)					*Da	te of sig	gning		 	 	
For Creditors use only								 	 	 	
* Debtor Identification Code (Credit Union Member No)									 		
* Person on whose behalf payment is made (Member Name)											
DD form completed by							ate	 	 		
Input By						Da	ate	 	 		

DISBURSEMENT OF FUNDS

Frequency (delete as appropriate)

<u>Weekly / Monthly / Fortnightly</u>



Operator No. Date Completed For office use only