

SEPA DIRECT DEBIT MANDATE

(Office Use Only)

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Boreenmanna Road, Cork.
Tel: +353-(0)21-4313355
Fax: +353-(0)21-4310746
W: www.stpaulscu.ie
E: 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 _____

FOR OFFICE USE ONLY

Operator No.	_____
Date Completed	_____

DISBURSEMENT OF FUNDS (in-house information only)

Frequency (delete as appropriate)

Weekly / Monthly / Fortnightly

Date and amount of first payment

Date: _____ Amount € _____ Ref: _____

Deduction Breakdown

Reg No.:

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

Name: _____

Loans/Shares/Family Members

Amount

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

Budget

€						
€						
€						
€						
€						
Total	€					

Total
