SEPA Direct Debit Mandate



Unique Mandate Reference (UMR) - For office use only

By signing this mandate form, you authorise (A) St. Declan's Ashbourne 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 instructions from St. Declan's Ashbourne 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.

			F	Ple	as	se	C	om	рl	et	e a	II t	th	e f	iel	ds	n	na	rk	ed	*.										
Debtor Name	*		L																												
Debtor Address	*		L																												
City	*		丄																												
Post Code	*																														
Country	*		L																												
Debtor account number – IBAI	٧*		工																												
Debtor bank identifier code – BIC	*		L																												
Creditor's name	*	S		Γ	_	П	ם	Ε	1	C	L	_ A	A	N	5	s L		1	V	s	L	Ц	-	C	:	U		L	Т		
Creditor identifier	*	ı	Ш		6	14	4	S	П	ם	D	3	3	0	4	Ш	5	2	2	7											
Creditor address	*	М	L	Δ			N			S	L	гΙ	R		Εİ	Ε		Т													
City	*	A	L	S	Н	Ш	В	C)	U	LE	₹	N	Ш	Εĺ																
Post Code	*	С	\perp	<u>C</u>	١.		M	E		Α	Ш	ГΙ	Н																		
Country	*	L	Ш	R	E		L	LA	Ш	N	10)																			
Type of payment	*	Rec	urre	ent	payı	mer	nt				or	0	ne-	off	payı	mer	nt														
Date of signature	*		L																												
		Sigi	natu	ıre	(s)																										\neg
Please sign here	*																														

Please return this mandate to the creditor – St. Declan's Ashbourne Credit Union Ltd.



St Declan's Ashbourne Credit Union Limited.



Main Street, Ashbourne, Co. Meath

Tel: 8351177 email: info@ashbournecu.ie Fax: 8353213

Sepa Direct Debit Mandate - Additional information

This document does not form part of the Core Sepa Direct Debit Mandate and is for <u>Credit Union information purposes only</u>.

To be used for regular Sepa Direct Debits only – not required for Web Direct Debits

Please complete all	fields			
Members Name				
Credit Union Acco	unt Number			
Weekly/Monthly	_			
Day/date to be tal	ken from bank			
(E.g. every Thursday (or the 26 th of each Mont	h).		
Commencement				
How the payment				
Loan & Interest:	€			
Shares:	€	_		
Total:	€	_		
Signature:			_ Date:	

Return with Sepa Direct Debit Mandate to Ashbourne Credit Union