St. Colman’s (Claremorris) Credit Union Limited 

The Square

Claremorris

Co Mayo

**SEPA Core Direct Debit Mandate**

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| --- | --- |
| **Creditor Identifier:** | IE79ZZZ303869 |
| **Unique Mandate Reference:** |  |
| **\*Creditor** | St. Colman’s (Claremorris) Credit Union LimitedThe SquareClaremorrisCo Mayo |
| \***Member Details (Debtor)** |
| **Member Name:** |  |
| **Member Address:** |  |
| **Country:** |  |
| **\*Bank Details** |  |
| **Bank Account IBAN:** |  |
| **BIC (Bank):** *Optional* |  |
|

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| --- | --- |
| **\*Type of payment:** |   Recurrent Once Off  |

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| **By signing this mandate form, you authorise:**(a) St Colman’s (Claremorris) 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 Colman’s (Claremorris) Credit Union Limited.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.  |
|  |
| ***Credit Union Use Only:***Member Number / IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CU Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Please complete all the fields above marked \*

*Please return this mandate to the Creditor.*

*St. Colman’s (Claremorris) Credit Union Limited is regulated by the Central Bank of Ireland.*