



Date

Member Number

SEPA DIRECT DEBIT MANDATE FORM

Creditor	Blanchardstown & District Credit Union Ltd 9 Blanchardstown Business Cntr, Clonsilla Road, Blanchardstown, Dublin 15, D15 Fp92
Creditor Identifier	IE61ZZZ360841
Unique Mandate Reference <i>For Office Use Only</i>	

By signing this mandate form, you authorise (A) Blanchardstown & District 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 Blanchardstown & District 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 regarding the above mandate are explained in a statement that you can obtain from your bank.

IMPORTANT: Please **complete** this form, **sign** it and **return** to us, allowing **10 working days** for your direct debit to be set up.

Please complete all fields marked *

Your Name *	
Your Address *	
SWIFT BIC *	
Account Number - IBAN *	
Type of Payment *	<input type="checkbox"/> Recurrent Payment or <input type="checkbox"/> One-off payment
Date signed * (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature(s) *	

Please Return To

Blanchardstown and District Credit Union Limited
Unit 9/10, Blanchardstown Business Centre,
Clonsilla Road, Dublin 15, D15FP92

For Office Use Only

DIRECT DEBIT DISTRIBUTION SETUP REQUEST

Please specify how your payment is to be broken down:

Special Share	€
Thrift Account	€
Personal Loan	€
Other Accounts (please specify)	€
Total	€
Preferred Collection Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> One-off <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

Member Signature

Print Name

Date

 / /

Request
Accepted By

Print Name

Position

Date

 / /

Note: Creditor to complete the Unique Mandate Reference

Blanchardstown and District Credit Union Limited

Unit 9/10, Blanchardstown Business Centre, Clonsilla Road, Dublin 15, D15FP92

Tel: 01 820 3495 **Freephone:** 1800 215 215 **Email:** info@blanchardstowncu.ie **Web:** www.blanchardstowncu.ie

Blanchardstown and District Credit Union Limited is regulated by the Central Bank of Ireland Reg. No. 291CU.