



Blanchardstown & District Credit Union Ltd

9 Blanchardstown Business Cntr, Clonsilla Road, Blanchardstown, Dublin 15, D15 Fp92

Phone : 01 8203495 Fax : 01 8208836

Web : www.blanchardstowncu.ie Email : info@blanchardstowncu.ie

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.

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 * <i>dd/MM/yyyy</i>	<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 & District Credit Union Ltd
9 Blanchardstown Business Cntr, Clonsilla Road,
Blanchardstown, Dublin 15, D15 Fp92

For Office Use Only

Note: Creditor to complete the Unique Mandate Reference

IMPORTANT– Please complete both pages of this form and return it, signed.

Please allow 10 working days in order for your Direct Debit to be set up.



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DIRECT DEBIT DISTRIBUTION SETUP REQUEST

DISPERSAL DETAILS

Please enter your payment details below, if you are making payments to multiple accounts, please specify on this page.

Special Share

Electronic Dispersal Account

Personal Loan

Other Accounts (please specify)

Total

Preferred Collection Date
dd/MM/yyyy

 / /

One-off

Weekly

Fortnightly

Monthly

Member Signature

X

Print Name

Date

 1 7 / 1 0 / 2 0 2 2

Request

Accepted By

Print Name

Position

Date

 / /

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