

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 *	<input style="width: 95%;" type="text"/>
Your Address *	<input style="width: 95%;" type="text"/>
SWIFT BIC *	<input style="width: 95%;" type="text"/>
Account Number - IBAN *	<input style="width: 95%;" type="text"/>
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) *	<input style="width: 95%;" type="text"/>

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	€	<input style="width: 70%;" type="text"/>
Thrift Account	€	<input style="width: 70%;" type="text"/>
Personal Loan	€	<input style="width: 70%;" type="text"/>
Other Accounts (please specify)	€	<input style="width: 70%;" type="text"/>
Total	€	<input style="width: 70%;" type="text"/>
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	<input style="width: 95%;" type="text"/>	Request Accepted By	<input style="width: 95%;" type="text"/>
Print Name	<input style="width: 95%;" type="text"/>	Print Name	<input style="width: 95%;" type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Position	<input style="width: 95%;" type="text"/>
		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Note: Creditor to complete the Unique Mandate Reference
