

PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS

Office use only--> New member a/c no. allocated by Dubco:							
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## SEPA DIRECT DEBIT MANDATE FORM

**Part A**

Creditor Dubco Credit Union Limited, Little Green Street, Dublin 7

Creditor Identifier I E 9 8 Z Z Z 3 0 3 8 1 8

For Office Use Only Unique Mandate Reference (taken from screen)

By signing this mandate form you authorise (A) Dubco Credit Union Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Dubco 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 regarding the above mandate are explained in a statement that you can obtain from your bank.

Surname First Name(s)

Home Address

SWIFT BIC

A/c no - IBAN

Type of Payment Recurring payment One off payment

Member Signature

Date:

## DIRECT DEBIT DISTRIBUTION SETUP REQUEST

**Part B**

### DISPERSAL DETAILS

Share	€	-
Member's Draw	€	-
Budget Account	€	-
Demand Deposit	€	-
Family Account	€	-
	€	-
	€	-
<b>TOTAL</b>	€	-

Preferred Collection Date

d d / m m / y y y y

Collection Frequency One-off Weekly Fortnightly Monthly

Member Signature

Print Name

Date:

For Office Use Only Request Accpeted by

Date