

### SEPA Direct Debit Mandate

SEPA Direct debit Mandate \_\_\_\_\_

*Unique Mandate Reference UMR- to be completed by Claddagh Credit Union*

By signing this mandate form, you authorise (A) Claddagh Credit Union to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Claddagh Credit Union.

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.

#### Bank Account Holder

Name \* \_\_\_\_\_

Address \* \_\_\_\_\_

Bank account number – IBAN\*

Bank identifier code – BIC\*

Creditor's name Claddagh Credit Union Ltd.  
 Creditor's identifier IE28SDD304302  
 Creditor address 8/9 Mainguard Street, Galway, H91 YA72.

Type of Payment: Recurrent Payment  or One-off Payment

Loan Repay Amt  *As per Credit Agreement*

Date of Payment: 

D	D	M	M	Y	Y
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Please Sign Here:

Details regarding the underlying relationship between the Creditor and the Debtor- **for information purposes**

**I waive my right to a 14-day pre notification of my Direct Debit and accept 1 day notification.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Acc No: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_ Freq: \_\_\_\_\_

L \_\_\_\_ / \_\_\_\_ : € \_\_\_\_\_ L \_\_\_\_ / \_\_\_\_ : € \_\_\_\_\_ L \_\_\_\_ / \_\_\_\_ : € \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Staff: \_\_\_\_\_