CLADDAGH CREDIT UNION

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: _____

_____

_____

IBAN: | | | | | | | | | | | | | | | | | | | | | |

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***

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: _____

I Consent to Receive (Initial Boxes): Personal Email Address: _____

E-Statements [ ] **AGM Notification Via Email** [ ]

Please note you must register on www.claddaghcu.ie to receive e-statements.