SEPA DIRECT DEBIT MANDATE

Capital Credit Union

Unique Mandate Reference to be completed by creditor

Creditor Identifier IE95ZZZ300283

Please complete all the fields below marked *

***Your Name (Member)**

***Your Address**

***City/Postcode**

***Country**

***Account Number (IBAN)**

***Swift BIC**

***Name(s) on account to be debited**

Creditors Name and address: **CAPITAL CREDIT UNION LTD, MAIN STREET, DUNDRUM, DUBLIN 14, IRELAND**

***Type of payment** *(Please tick ✓)* **Recurrent** ☐ **or** **One-Off Payment** ☐

***Frequency:** *(Please tick)* **Weekly** ☐ **Fortnightly** ☐ **Monthly** ☐

***Date of First Debit:** _____

***Amount to be debited:** €_____ **Note: This amount is variable and can be changed by written or verbal instruction of the payer.**

By signing this mandate form, you authorise (A) Capital 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 instruction from Capital 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 are explained in a statement that you can obtain from your bank.

***Signature(s) of Bank Account Holder**

***Date of signing**

For information purposes only

Debtor Identification Code** ***(Credit Union Member No)

Person on whose behalf payment is made** ***(Member Name)

Office use only

DD form taken by : _____ Date: _____

Input By : _____ Date: _____