Membership No.		
SEPA Direct Debit Mandate		
Unique Mandate Reference	to be completed by creditor	
	IE95ZZZ300283 Capital Credit Union, Main Street, Du	ndrum, Dublin 14, D14 PD79, Ireland
	, ,	
Please complete all fields be	elow marked with *	
*Your Name (Member)		
*Your Address		
*City/Postcode		
*Country		
*Account No (IBAN)		
*Swift BIC		
*Name(s) on account		
to be debited		
*Type of payment (please tick) Recurrent or One-Off Payment		
*Frequency (please tick)	Weekly Fortnightly	Monthly
*Date of first debit		
L	€	
	le and can be changed by written or	verbal instruction of the paver.
and (B) your bank to debit	your account in accordance with the	Jnion Ltd to send instructions to your bank to debit your account instruction from Capital Credit Union Ltd.
bank. A refund must be cla	imed within 8 weeks starting from th	nk under the terms and conditions of your agreement with your ne date on which your account was debited. Your rights are
explained in a statement tr	hat you can obtain from your bank.	
Signature(s) of Bank Accour	nt Holder	Date:
For information purposes only		
*Dobtor Identification Code	(Cradit Union Mambar Number)	
	e (Credit Union Member Number)	
	ayment is made (Member Name)	
OFFICE USE ONLY		
DD form taken by		Date
Input by		Date