## **SEPA Direct Debit Mandate**



Creditor:

Comhar Linn INTO Credit Union Ltd.
33, Parnell Square, Dublin 1, Ireland.

Creditor Identifier:

IE52ZZZ301445

Mandate Reference:

By signing this mandate form, you authorise (A) **Comhar Linn INTO 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 instructions from **Comhar Linn INTO 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.

Please complete all fields marked \*

Your Name*	
Your Address*	
Swift BIC*	
Account Number - IBAN*	
Type of Payment	Reccurent payment One-off payment
Date of Signing (day/month/year)	
Signature (s)*	
Please return to:	Comhar Linn INTO Credit Union Ltd.
Creditors Use Only	

DISPERSAL I	DETAILS:						
Shares							
Loan 1							
Loan 2							
Loan 3							
Budget							
Family Accou	ınt						
Family Accou	ınt						
Total							
Frequency Weekly: Fortnightly: Monthly:  Date on which you wish the Direct Debit to be deducted from your bank account: / /20  SEPA Rules require that we provide you with 14 days advance notice of the commencement of your Direct Debit unless an alternate timeline has been agreed upon. To commence your Direct Debit on the above date we may not have the required 14 days to ssue the advanced notice.  Please sign and indicate whether or not you agree to receive less than 14 days orenotification.							
	uire 14 days		s pre-notifica	ition			
Signed:				Date	<b>:</b>		
Name:				Acco	ount No.:		
Details Input By:					Date:		
Details Verified By:					Date:		