SEPA DIRECT DEBIT MANDATE

(Office	Use	Only)										 ESTD. 1967	Ct	Pau	l'e	
														Credit		Ltd
Uniqu	іе Ма	andat	e Ref	erenc	e to b	e con	nplete	ed by	Credi	t Uni	on		ualua	Orcuit	OHIOH	Llu.

Boreenmanna Road, Cork.

Tel: +353-(0)21-4313355 Fax: +353-(0)21-4310746 W: www.stpaulscu.ie E: enquiries@stpaulscu.ie

Creditor Identifier IE09ZZ301152

By signing this mandate form, you authorise (A) St Paul's Garda 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 St. Paul's Garda Credit Union Ltd.

As part of your rights, you within 8 weeks starting fr Please complete all th	om the date on w	hich your acc											ed
*Your Name													
*Your Address													
*City/Postcode													
*Country													
*Account Number (IBAN)													
* Swift / BIC													
*Name(s) on account	to be debited												
Credit Union Name an	d address	ST. PAUL'S BOREENM CORK			UNION	N LTD,							
*Type of payment <i>(Pl</i>	ease tick ✔)	Recurrent			<u>or</u>	•	One-O	ff Payme	nt				
*Signature(s)						:	*Date	of signin	g				
For Creditors use only										 	 	 	
* Debtor Identification	n Code <i>(Credit L</i>	Inion Memb	er No)										
* Person on whose be	half payment is	made <i>(Mer</i>	nber Nam	ne)									
DD form completed by								Date	_	 	 		
Input By					-			Date	_	 			

FOR OFFICE USE ONLY

Operator No.	
Date Completed	

DISBURSEMENT OF FUNDS

(in-house information only)

equency (delete as appropriate)							
ate and amount of first payment	Date:	Amount € _		Ref:			
	Deduc	tion Breakdown <i>–</i>					
Reg No.:		Name:					
Loans/Shares/Family Memb	pers Amount		Budget				
	€		€				
	€		€				
	€		€				
	€		€				
	€		Total €				
	€						
	€						
	€						
	€		-				
	Total €						
*		V 400 208. 15	39				