



SEPA Direct Debit Mandate form

Unique Mandate Reference (UMR) – to be completed by Shannon Swimming & Leisure Centre Ltd

By signing this mandate form, you authorize (A) Shannon Swimming & Leisure Centre 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 Shannon Swimming & Leisure Centre 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 the fields marked *.

Debtor Name	*	<div style="border: 1px solid black; height: 20px;"></div>
Debtor Address	*	<div style="border: 1px solid black; height: 20px;"></div>
City	*	<div style="border: 1px solid black; height: 20px;"></div>
Post Code	*	<div style="border: 1px solid black; height: 20px;"></div>
Country	*	<div style="border: 1px solid black; height: 20px;"></div>
Debtor account number – IBAN	*	<div style="border: 1px solid black; height: 20px;"></div>
Debtor bank identifier code – BIC	*	<div style="border: 1px solid black; width: 30%; height: 20px;"></div>
Creditor's name	*	S H A N N O N L E I S U R E C E N T R E
Creditor identifier	*	I E 2 5 S D D 3 0 6 8 7 8
Creditor address	*	T U L L Y G L A S S
City	*	S H A N N O N C O C L A R E
Post Code	*	<div style="border: 1px solid black; height: 20px;"></div>
Country	*	I R E L A N D
Type of payment	*	Recurrent payment <input type="checkbox"/> or One-off payment <input type="checkbox"/>
Date of signature	*	D D M M Y Y
		Signature(s)
Please sign here	*	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Please return this mandate to the Creditor