

Form 102a - revision 01/2016

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By signing this mandate form, you authorise (A) Wexford Credit Union Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Wexford Credit Union Limited. 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. Please complete all the fields marked *.																							
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Note: Your rights regardi	ng the at	ove ma	andate a	are ex	plain	ned ir	n a st	atem	nent	that	you	can	obtai	in fro	om y	our b	bank						
Please return to:								Cro	dita	r's u		برام											
Wexford Credit Union Limited.,								CIE		er No		iiiy.											
Credit Union House,																							
Anne Street,									Acco	ount	No.												
Wexford, Republic of Ireland.								Ensure internal instruction is attached.															
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Contact Details:																							
Tel: 053 912 390	-							<u>pay</u>								ie							
Fax: 053 915 507	78					Web	site:	ww	w.w	exfo	rdcr	edit	unio	n.ie									