SEPA DIRECT DEBIT MANDATE



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Unique Mandate Reference to be completed by creditor

Creditor Identifier IE02ZZZ350166

By signing this mandate form, you authorise (A) Core 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 Core 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 the fields below marked st

*Your Name				
*Your Address				
diana da				
*City/Postcode				
*Country				
*Account Number (IBAN)				
*Swift BIC				
*Name(s) on account to be debited				
Creditors Name and address	Core Credit U			
	33/34 Church	n Road		
	Ballybrack Co. Dublin			
	Ireland			
* *		٦	0 0	
*Type of payment (Please tick ✔)	Recurrent	<u>or</u>	One-Off Payment	
*C:			**************************	
*Signature(s)			*Date of signing	
PLEASE RETURN THIS MAND	ATE TO THE CREDITO	OR (Core Cr	edit Union Ltd.)	
For information purposes only				 ·
Debtor Identification Code (Member	No)			
Person on whose behalf payment is	made (Member Name)			
Creditors use only				
DD form completed by		Date		
Input By		Date		

Core Credit Union Ltd is regulated by the Central Bank of Ireland, Registration Number 225CU