



Naomh Breandain Credit Union Ltd

Dunkellin Street, Loughrea, Co. Galway
Phone : 091-841773 Fax : 091-847139
Web : www.naomhbrendancu.ie Email : david@naomhbrendancu.ie

Date

Member Number

SEPA Direct Debit Mandate Form

Creditor	Naomh Breandain Credit Union Ltd Dunkellin Street, Loughrea, Co. Galway
Creditor Identifier	IE90ZZZ305902
Unique Mandate Reference <i>For Office Use Only</i>	

By signing this mandate form, you authorise (A) Naomh Breandain 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 Naomh Breandain 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 regarding the above mandate 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 *	<input type="checkbox"/> Recurrent Payment or <input type="checkbox"/> One-off payment
Date signed * <i>dd/MM/yyyy</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature(s) *	

Please Return To
Naomh Breandain Credit Union Ltd Dunkellin Street, Loughrea, Co. Galway

For Office Use Only

Note: Creditor to complete the Unique Mandate Reference





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DIRECT DEBIT DISTRIBUTION SETUP REQUEST

DISPERSAL DETAILS

Please enter your payment details below, if you are making payments to multiple accounts, please specify on this page.

Regular Shares

Other Accounts (please specify)

Total

Preferred Collection Date

dd/MM/yyyy

 / /

One-off

Weekly

Fortnightly

Monthly

Member Signature

X

Print Name

Date

 / /

Request

Accepted By

Print Name

Position

Date

 / / 