



SEPA DIRECT DEBIT MANDATE

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Unique Mandate Reference to be completed by creditor

Creditor Identifier IE48ZZZ305203

By signing this mandate form, you authorise (A) Letterkenny Credit Union to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Letterkenny 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 fields below marked *

* **Your Name**

* **Your Address**

* **Country**

* **Bank Account Number (IBAN)**

* **Swift BIC**

* **Name(s) on account to be debited**

Creditors Name and Address

**LETTERKENNY CREDIT UNION LTD.
HIGH ROAD
LETTERKENNY
CO. DONEGAL**

Type of payment (please tick ✓) Recurrent ☐ or One-off Payment ☐

* **Signature**

Date:

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:

Confirmation Letter Sent by

Date:

DIRECT DEBIT INSTRUCTIONS

Amount to be debited: € _____ * Frequency: Wkly/2Wkly/4Wkly/Monthly *

Date of first debit: _____ * (14 working days from receipt of DDI)

Do you want this direct debit to end in line with your loan completion?

Yes [] No [] Or end on date: _____ *

Please complete how would you like this amount to be paid to account(s).

Credit Union Account (No's)	Shares €	Loan €	ATM €
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Phone No. (Landline) _____

Mobile: _____

Members Signature: _____