

Direct Debit Mandate Form

Please complete part 1 to 6 (in BLOCK CAPITALS) to make payments directly from your account.

Please complete and return to St. Raphael's Garda Credit Union Ltd.

1. Credit Union Account Name (account to be credited)

2. Credit Union Account Number (account to be credited)

3. Name of account to be debited

4. To the Manager of Bank / Building Society

| |
|-------------------------|
| Bank / Building Society |
| Address |
| |
| County/Postcode |

5. Bank / Building Society Account Number and Sort Code

A/c number

Banks/ Building Societies may decline to pay Direct Debits from some types of accounts

- 6.** I/we instruct you to pay Direct Debits from my/our account at the request of St. Raphael's Garda Credit Union Ltd. The amounts are variable and may be debited on various dates. I/we shall inform the bank / building society in writing if I/we wish to cancel this instruction. I/we understand that if any Direct Debit is paid which breaks the terms of the instruction, the bank / building society will make a refund.

| | |
|--------------|-------|
| Signature 1: | Date: |
| Signature 2: | Date: |

There may be a charge for unpaid Direct Debits to cover administration costs.

St. Raphael's Garda Credit Union Ltd identification number

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 1 | 0 | 6 | 6 |
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