



SEPA Direct Debit Mandate

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Creditor Identifier: IE08ZZZ360146

Unique Mandate Reference to be completed by creditor

By signing this mandate form, you authorise (A) **Link 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 (A) **Link 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 *

*Member Name

*Member Address

*City/Postcode

*Country

*Account Number (IBAN)

*Swift BIC

*Name(s) on account to be debited

Creditors Name and address Link Credit Union Ltd
Main St
Kingscourt
Co Cavan

*Type of payment (Please tick) Recurrent or One-Off Payment

*Signature(s) *Date of signing

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 _____
CU Officer _____ Date _____