



Direct Debit Set Up & Change Form

Member Number:

Member Name:

Date

Mandate Details:

BIC

IBAN

Unique Mandate Reference

Please complete only one of the following two options along with the breakdown on the back

1. New DD Set Up: (please attach completed SEPA DD mandate)

Starting Amount*

Starting Frequency

Start Date

Member Signature:

Date

2. DD Change Details:

Old Amount

New Amount*

Frequency

Start Date

Member Signature:

Date

****Please ensure the breakdown of funds area on the back is completed***

Breakdown of Funds

Credit Union:	_____	Budget A/C:	_____
Deposit A/C:	_____	RSA A/C:	_____
Christmas A/C	_____	Family A/C:	_____
		Total:	_____
Change in Repay (if applicable)	_____	W / F / M	
Breakdown checked by	_____	@	__/__/____

For Inputting Use Only

Member Pre-Notification Sent	_____	@	__/__/____
Excel Updated	_____	@	__/__/____
Locus Updated	_____	@	__/__/____