



SEPA DIRECT DEBIT MANDATE

(Please complete all sections in **BLOCK CAPITALS**)

Unique Mandate Reference to be completed by creditor

Creditor Identifier IE12ZZZ30 4008

By signing this mandate form, you authorise (A) Health Services Staffs 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 Health Services Staffs 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 *

*Your Name

*Your Address

*City/Postcode

*Country

*IBAN

Swift BIC

*Name(s) on account to be debited

Creditor's Name and Address

Health Services Staffs Credit Union Ltd, 5 High Street, Christchurch, Dublin 8, Ireland

*Type of Payment (Please tick)

Recurrent

or

One-Off Payment

*Signature(s)

To add Acrobat digital signature, use Fill & Sign menu option (Note: Mobile devices may not be compatible, if so, Print & Sign from here)

*Date of Signing

PLEASE RETURN THIS MANDATE TO THE CREDITOR (Health Services Staffs Credit Union)

**A COPY OF ABOVE BANK ACCOUNT STATEMENT IS REQUIRED AND SHOULD BE ATTACHED
IN ORDER TO SET UP A DIRECT DEBIT**

For information purposes only

Debtor Identification Code (Member No.)

Person on whose behalf payment is made (Member Name)

Creditor's use only

DD Change form completed by

Date

Input By

Date

WATCH VIDEO
On Filling out PDF forms



2020: Version 1.

Registered Office:

5 High Street, Christchurch, Dublin 8, D08 X7T1.

tel: 01 6778648 lo call: 1890 677864 email: info@hsscu.ie

#putsUfirst

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland

Make
Memories