

SEPA DD Mandate with Mandatory Fields(no optional elements)

**SEPA Direct Debit Mandate**

**CHY18985**

\*Unique Mandate Reference



\*Creditor Identifier: **IE26ZZZ360792**

Legal Text: By signing this mandate form, you authorise Wicklow Hospice Foundation 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 Wicklow Hospice Foundation 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 you 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:

\* Account number(IBAN)

\*Swift BIC

Wicklow Hospice Foundation Ltd.  
2B Abbey Lane  
Arklow  
Co Wicklow

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

\* Payment to be taken on the 14<sup>th</sup> or the 29<sup>th</sup> of each month please specify

\* Amount: €10  \***€21**  €50  Other

\*Date of signing:

\*Signature(s)

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