

SEPA DD Mandate with Mandatory Fields(no optional elements)

SEPA Direct Debit Mandate

CHY 1144

*Unique Mandate Reference



Harold's Cross
Blackrock
Wicklow
Respite Rehabilitation Reassurance

*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.
Magheramore
Co Wicklow,
A67 A446.

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

* Payment to be taken on the 14th or the 29th of each month please specify

* Amount: €10 *€21 €50 Other

*Date of signing:

*Signature(s)