

Please return this mandate to the Creditor

## SEPA Direct Debit Mandate form



Unique Mandate Reference (UMR) - to be completed by Shannon Swimming & Leisure Centre Ltd

By signing this mandate form, you authorize (A) Shannon Swimming & Leisure Centre Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Shannon Swimming & Leisure Centre 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 marked \*

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Debtor Name	*																				
Debtor Address	*																				
City	*																				
Post Code	*																				
Country	*																				
Debtor account number – IBAN	*																				
Debtor bank identifier code – BIC	*																				
Creditor's name	*	S H A	N	N	0	N		L	Е	ı	S	U	R	E		С	E	N	Т	R	Е
Creditor identifier	*	I E 2	5	s	D	D	3	0	6	8	7	8									
Creditor address	*	T   U   I	.   L	Y	G	L	А	.   8	S   S	6											
City	*	SHA	A N	N	0	N			c   c	)		С	L	Α	R	Е					
Post Code	*																				
Country	*	I R E	- L	A	N	D															
Type of payment	*	Recurrent pay	ment			or	One	-off p	ayme	ent											
Date of signature	*	D   D   N	1   M	I   Y	ΙY																
		Signature(s)																			
Please sign here	*																				