

## SEPA Direct Debit Mandate



\*'Unique Mandate Reference':

\***Creditor Identifier:** IE66ZZZ304103

Legal Text: By signing this mandate form, you authorise Coeliac Society of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Coeliac Society of Ireland

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:

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

\*City/Postcode:

Country:

\*Account Number (IBAN):

\*Swift BIC:

Creditors Name: **Coeliac Society of Ireland**

Address Line: **Carmichael Centre**

**4 North Brunswick Street, Dublin 7**

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

\*Date of signing:

\*Signature(s):

Please complete all sections to instruct your Bank to make payments directly from your account. Then return the form to:-

**Coeliac Society of Ireland, Carmichael Centre, 4 North Brunswick Street, Dublin 7  
Company registered in Ireland No. 367017. Registered charity (CHY 7484).**