Health Services Staffs Credit Union SEPA DIRECT DEBIT MANDATE 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				
*Account Number (IBAN)				
Swift BIC				
*Name(s) on account to be debited				
Creditors Name and address	HEALTH SERVICES STAFFS CREDIT UNION LTD			
	5 HIGH STREET			
	CHRISTCHURC	Н		
	DUBLIN 8			
	IRELAND			
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*Type of payment (Please tick ✓)	Recurrent	or	One-Off Payment	
			_	
*Signature(s)			*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 r	nade <i>(Member Name)</i>			
Creditors use only				
DD Change form completed by			Date	
		_		
Input By			Date	
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Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland