Waterford Credit Union
SEPA Direct Debit Mandate

Unique Mandate Reference: _____ Creditor Identifier: 305000 IE7ZZZ305000

Legal Text: By signing this mandate form, you authorise (A) Waterford Credit Union to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Waterford Credit Union.
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*

*Credit Union A/c Number: Account Name:

*Your Name:

*Your Address:

*City/Postcode *Country

*Account Number (IBAN) *(Account to be debited)*

SWIFT BIC (Optional)

Name of Creditor Waterford Credit Union Ltd

Address of Creditor 1 Parnell Street
Waterford City
County Waterford
Ireland

*Type of Payment Recurrent ◯ **or** One-Off Payment ◯ *(Please mark with a √)*

*Date of Signing: _____

*Signature(s): _____

PLEASE NOTE THAT IF A DIRECT DEBIT IS RETURNED UNPAID, A CHARGE OF €10.00 WILL BE IMPOSED BY WATERFORD CREDIT UNION.

PLEASE RETURN THIS MANDATE TO:
WATERFORD CREDIT UNION, 1 PARNELL STREET, WATERFORD.