



## DIRECT DEBIT MANDATE

Please complete items 1 to 4 in order to instruct your Bank to make payments directly from your bank or building society account, and return to Swords & District Credit Union Ltd, North Street, Swords, Co Dublin.

Originator's Identification Number: **30 39 08**

Originator's Reference: **Swords & District Credit Union Ltd**

### 1. Please write the name and full postal address of your bank and branch

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*(Please note the bank may decline to accept instructions to pay Direct Debits from some account types)*

### 2. Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Bank Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 3. Name of Account Holder

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### 4. Your Instructions to the bank and signature.

- I instruct you to pay direct debits from my account at the request of Swords & District Credit Union Ltd.
- The amounts are variable and may be debited on various dates
- I understand that Swords & District Credit Union Ltd may change the amounts and dates only after giving me prior notice
- I understand that if any direct debit is paid which breaks the terms of this instruction, the Bank will make a refund.
- I understand it is my responsibility to cancel any existing Standing Order with Swords & District Credit Union Ltd

**Signature (s)** ..... **Date** ...../...../20.....

**Signature (s)** ..... **Date** ...../...../20.....





# Swords & District Credit Union

## **PAYMENT INSTRUCTION**

Member's Credit Union Account Number \_\_\_\_\_

Direct Debit Total Amount €\_\_\_\_\_.

### **Allocation of Amount**

Shares/Sp Shares €\_\_\_\_\_.

Loan Repayment €\_\_\_\_\_.

CU CASH €\_\_\_\_\_.

### **Family Accounts**

Account No. \_\_\_\_\_ Amount €\_\_\_\_\_.

Shares €\_\_\_\_\_ Loan €\_\_\_\_\_ CU CASH €\_\_\_\_\_.

Account No. \_\_\_\_\_ Amount €\_\_\_\_\_.

Shares €\_\_\_\_\_ Loan €\_\_\_\_\_ CU CASH €\_\_\_\_\_.

Frequency of Payment Weekly  (Tick as appropriate)

Monthly

Fortnightly

Date to commence ...../...../20.....

**Note: Please be advised that any returned Direct Debits stating refer to payer will be charged to the member**

Taken by ..... Date ...../...../20.....

Processed by ..... Date ...../...../20.....

