SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference to be completed by creditor

Creditor Identifier IE02ZZZ350166

By signing this mandate form, you authorise (A) Core 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 Core 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

Core Credit Union Ltd
33/34 Church Road
Ballybrack
Co. Dublin
Ireland

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

***Signature(s)** _____ ***Date of signing** _____

PLEASE RETURN THIS MANDATE TO THE CREDITOR (Core Credit Union Ltd.)

For information purposes only

Debtor Identification Code *(Member No)* _____

Person on whose behalf payment is made *(Member Name)* _____

Creditors use only

DD form completed by _____ Date _____

Input By _____ Date _____

Core Credit Union Ltd is regulated by the Central Bank of Ireland, Registration Number 225CU