



## Kilcock Credit Union

The Square, Kilcock, Co Kildare, W23Y016  
Phone : 01 6287824  
Web : [www.kilcu.ie](http://www.kilcu.ie) Email : [info@kilcu.ie](mailto:info@kilcu.ie)

Date

Member Number

### SEPA Direct Debit Mandate Form

<b>Creditor</b>	<b>Kilcock Credit Union</b> The Square, Kilcock, Co Kildare, W23 Y016
<b>Creditor Identifier</b>	IE74ZZZ362644
<b>Unique Mandate Reference</b> <i>For Office Use Only</i>	

**By signing this mandate form, you authorise (A) Kilcock Credit Union to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Kilcock 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 regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all fields marked \*.

<b>Your Name *</b>	
<b>Your Address *</b>	
<b>SWIFT BIC *</b>	
<b>Account Number - IBAN *</b>	
<b>Type of Payment *</b>	<input type="checkbox"/> Recurrent Payment      or <input type="checkbox"/> One-off payment
<b>Date signed *</b> <i>dd/MM/yyyy</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Signature(s) *</b>	

<b>Please Return To</b>	<b>For Office Use Only</b>
Kilcock Credit Union The Square, Kilcock, Co Kildare, W23 Y016	

Note: Creditor to complete the Unique Mandate Reference



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### DIRECT DEBIT DISTRIBUTION SETUP REQUEST

Name:

Address:

#### DISPERSAL DETAILS

*Please enter your payment details below, if you are making payments to multiple accounts, please specify on this page.*

Regular Shares (01)

*Other Accounts (please specify)*

Total

Preferred Collection Date

dd/MM/yyyy

 /  / 

☐ One-off

☐ Weekly

☐ Fortnightly

☐ Monthly

Member Signature

X

Print Name

Date

 /  / 

Request

Accepted By

Print Name

Position

Date

 /  /