



# SEPA DIRECT DEBIT MANDATE

Member Number:

Date:

**PLEASE COMPLETE IN BLOCK CAPITALS**

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Unique Mandate Reference to be completed by creditor

**Creditor Identifier IE18SDD 304288**

By signing this mandate form, you authorise (A) Public Service 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 Credit Union 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 \***

## 1. DEDUCTION DETAILS

\*Your Name

\*Your Address

\*City/Postcode

\*Country

\*Account Number (IBAN)

\*Swift BIC

\*Name(s) on account to be debited

**Creditors Name and address** PUBLIC SERVICE CREDIT UNION LTD  
ST. STEPHENS GREEN HOUSE  
EARLSFORT TERRACE  
DUBLIN 2, D02 PH42  
IRELAND

\*Signature(s)

\*Date of signing

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

**PLEASE RETURN THIS MANDATE TO THE CREDITOR (Public Service Credit Union)**

**For information purposes only**

Debtor Identification Code (Member No)

Person on whose behalf payment is made (Member Name)

**Creditors use only**

DD Change form completed by

Date

# CREDIT UNION ACCOUNT DETAILS UPDATE

Member Number:

Date:

**PLEASE COMPLETE IN BLOCK CAPITALS**

## 1. PERSONAL DETAILS

**Name**  **Surname**

**Home Address**

**Home Number**  **Mobile**

**Email**

**Work Address**

**Work Number**  **PPS Number**

## 2. WORK DETAILS

**Are you currently on a Career Break from the Civil Service?** Yes  No

**If yes, when are you due back from your Career Break?**

**Have you resigned from the Civil Service?** Yes  No

**Have you retired from the Civil Service?** Yes  No

**Have you changed employer ?** Yes  No

**Name of new employer**

### Direct Debit Details

\*I would like my Direct Debit to be €  Monthly  Fortnightly  Weekly

\*I would like it to commence on:

**Please note:** If the home address above is different from the address held, we will require copy of utility bill to verify new address.

**Name (BLOCK CAPITALS)**

**Signature**  **Date**