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SIPTU - SEPA Direct Debit Mandate



Services Industrial Professional
& Technical Union

*Creditor Identifier: IE63ZZZ303672

By signing this mandate form, you authorise (A) SIPTU to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from SIPTU.

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 SECTION 2

SECTION 2

*Your Name:

*Your Address:

*City/postcode: *Country:

*Account number (IBAN):

*Swift BIC

*Name & Address of Bank:

*Signature: _____ *Date:

SECTION 3

**SIPTU
Direct Debit Centre
SIPTU Finance Department
Liberty Hall
Dublin 1**

***Unique Mandate Reference**

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