

SEPA Direct Debit Mandate



Unique Mandate Reference

Creditor Identifier

IE56ZZZ360058

By signing this mandate form, you authorise (A) The Asthma Society of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Asthma Society of Ireland. As part of your rights, you are entitled to 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 marked *.

Your name

*

Your address

*

City/postcode

*

Country

*

Account number - IBAN

*

SWIFT BIC

*

Creditor Name

The Asthma Society of Ireland

Creditor Address

42-43 Amiens Street

Dublin 1

Ireland

Type of payment

* Recurrent

or

One-off payment

Date of signing

*

Signature(s)

*

For information purpose only.

Donation Amount

€5

€10

€21

€ Preferred amount

Your account will be debited on (tick one)

1st

or

15th

of each month

Commencing

Please return to:

The Asthma Society of Ireland, 42-43 Amiens St, Dublin 1
01 817 8886

Creditor's use only