

SEPA Direct Debit Mandate

Unique Mandate Reference

(UMR)To be completed by Mount Sackville Secondary School

By signing this mandate form, you authorise Mount Sackville School to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from Mount Sackville School. As part of your rights, you are entitled to a refund from your bank under the terms and conditions 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*

Creditor's name	Mount Sackville School
Creditor identifier	IE59SDD300834
Creditor address	Chapelizod
City	Dublin
Post Code	D20WP68
Country	Ireland

Type of Payment * One off Payment 10 Monthly Bi Annual

Debtor name *	
Debtor address *	
City	
Post Code	
Country	
Student name*	

Debtor account number – IBAN *

Deb	tor b	ank i	dent	ifier	code	– Bl	C *							

Please sign here *	 		 	
Date of signature *				

Please return this mandate to the Accounts Department Mount Sackville Secondary School, Chapelizod, Dublin 20