



Name: _____

Union No:

SEPA Direct Debit Mandate

Connect Trade Union/ /

Unique Mandate Reference (UMR) – to be completed by Connect Trade Union.

By signing this mandate form, you authorise (A) Connect Trade 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 Connect Trade 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 are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Debtor Name: *

Debtor Address: *

City *

Post Code *

Country *

Debtor account number – IBAN *

Debtor bank identifier code – BIC *

Creditor's name Connect Trade Union

Creditor Identifier IE51SDD302239

Creditor address 6 Gardiner Row

City Dublin

Post Code 1

Country Ireland

Type of payment: * Recurrent payment or One-off payment

Date of signature *

Signature(s):

Please sign here *

Please return this mandate to the Creditor