**SEPA Direct Debit Mandate**

Please complete this form to instruct your bank to make payments directly from your

account. Then return the form to:

**The Irish Thoracic Society, Creidim Centre, Leopardstown Road, Dublin 18, D18 FF64.**

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| **SEPA Direct Debit Mandate**  \*Unique Mandate Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ITS_SMALL |
| \*Creditor Identifier: IE53ZZZ305501 |
| Legal Text: By signing this mandate form, you authorise (A) The Irish Thoracic Society to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from The Irish Thoracic Society.  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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.  Please complete all the fields below marked \* | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Your Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Address:  \*City/postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Account number(IBAN)  \*Swift BIC  **Creditors Name and Address**  The Irish Thoracic Society  Creidim Centre, Leopardstown Road,  Dublin 18, D18 FF64.  \*Type of payment Recurrent **or** One-Off Payment (Please tick √)    \*Date of signing:  \*Signature(s) | |