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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, Brookfield House, Brookfield Terrace, Blackrock, Co Dublin

SEPA Direct Debit Mandate	
<input type="text" value="*Unique Mandate Reference"/>	 Irish Thoracic Society
*Creditor Identifier: IE53ZZZ305501	
<p>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 *</p>	
*Your Name :	<input type="text"/>
Your Address:	<input type="text" value="Address Line 1"/> <input type="text" value="Address Line 2"/>
*City/postcode	<input type="text"/>
* Country:	<input type="text"/>
* Account number (IBAN)	<input type="text"/>
*Swift BIC	<input type="text"/>
<div style="border: 1px solid black; padding: 5px;">Creditors Name and Address The Irish Thoracic Society Brookfield House, Brookfield Terrace Blackrock, Co Dublin</div>	
*Type of payment Recurrent <input type="radio"/> or One-Off Payment <input type="radio"/> (Please tick v)	
*Date of signing:	<input type="text"/>
*Signature(s)	<input type="text"/>