

SEPA Direct Debit Mandate



County Meath Chamber
Advancing business together

*Unique Mandate Reference

*Creditor Identifier: **IE62ZZZ362181**

Legal Text: By signing this mandate form, you authorise (A) County Meath Chamber to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from County Meath Chamber

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:

Your Address:

Address Line 1 _____

Address Line 2 _____

*Postcode

* County:

* Account number (IBAN)

*Swift BIC

*Creditors Name: **County Meath Chamber of Commerce & Retail CLG**

*Creditors Address Line 1: **Chamber Buildings**

*Address Line 2: **No. 1 Church Hill, Navan**

*Address Line 3: **Co. Meath,**

*Type of payment **Recurrent** **One-Off Payment** (Please tick v)

*Date of signing:

*Signature(s)