



Cumann Báire agus Peile Chaisleán Cnucha CLG

Castleknock Hurling and Football Club

SEPA Direct Debit Mandate



Unique Mandate Reference (UMR)
(for office use only)

Creditor Identifier **IE81SDD302475**

Creditor's Name **Castleknock Hurling and Football Club**
 Address **30 Maple Drive**
Dublin 15
 City / Post Code **D15 N2PD**
 Country **Ireland**

By signing this mandate form, you authorise (A) Castleknock Hurling & Football Club to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Castleknock Hurling & Football Club. 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 regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Your Name *

Your Address

Your City / Post Code

Your Country

Your Account Number (IBAN) *

Your Bank Identifier Code (BIC) *

Type Of Payment * Recurrent Payment **or** One-off Payment (Please tick ✓ one box only)

Date Of Signature *

Signature(s)
 Please Sign Here *

CHFC Reference Number: