



Cumann Báire agus Peile Chaisleán Cnucha CLG Castleknock Hurling and Football Club SEPA Direct Debit Mandate



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

Creditor Identifier **IE81SDD302475**

Creditor Name **Castleknock Hurling and Football Club**

Address **30 Maple Drive**

City **Dublin**

Eircode **D15N2PD**

Country **Ireland**

This is the address of the club's banks account, for your records. Please do not send the form to this address: see the foot of the form for the address to which you should send the form.

By signing this mandate form, you authorise:

- (A) Castleknock Hurling & Football Club to send instructions to your bank to debit your account
- (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 Eircode/Postcode *

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 note that, just like a cheque, we need the original signed form from you, not an image sent by email

Please Sign Here *

CHFC Reference Number: (for club use only)