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	**1 Somerton Road** **Castleknock**
City	**Dublin**
Eircode	**D15 NTC3**
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.

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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	*	D D M M Y Y Y Y
Please Sign Here	*	Signature(s) – Please note that, just like a cheque, we need the original signed form from you, not an image sent by email

CHFC Reference Number: *(for club use only)*

Please post or deliver this form to: **Registrar CHFC, 21 Luttrellstown Close, Carpenterstown, Dublin, D15Y5EY, Ireland**