SEPA Direct Debit Mandate

Unique Mandate Reference | G | E | R | A | R | D | | | | | | |

By signing this mandate form, you authorise:
(A) **St. Gerard's School** to send instructions to your bank to debit your account and
(B) Your bank to debit your account in accordance with the instructions from **St. Gerard's School**.

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 are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name	ST GERARDS SCHOOL
Creditor identifier	IE91SDD30210 1
Creditor address	THORNHILL ROAD
City	BRAY
Post code	
Country	WICKLOW

Type of payment * Recurrent payment ☑ or One-off payment ☐

Debtor name *

Please enter name(s) of the account holders (as per bank statements)

Debtor address	
City	
Post code	
Country	
Debtor account number (IBAN) *	
Debtor bank identifier code (BIC) *	
Date of signature *	D D M M Y Y

Signature(s)

Please sign here *