

SEPA DIRECT DEBIT MANDATE



MY MONTHLY DONATION (By Direct Debit)

€ per month

(To be completed by CBM)

Unique Mandate Ref:

By signing this mandate form, you authorise (A) CBM Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from CBM Ireland. 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.

Please complete all the fields below.

Please debit my account on the 1st or 15th of each month

NAME:

ADDRESS:

IBAN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

BIC

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Creditor: CBM Ireland

Credit Identifier: IE26SDD305696

Creditor Address: CBM Ireland, 176 Ivy Exchange, Granby Place, Dublin 1

Signature: _____ **Date:** ___/___/___

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

If we raise more money than is needed for one programme, your gift will be directed to wherever it is needed most.

Please send your form to: CBM Ireland, 176 Ivy Exchange, Granby Place, Dublin 1

www.cbm.ie

Charity Registration No: CHY 14987