

**IRISH CHAROLAIS CATTLE SOCIETY LIMITED
SEPA DIRECT DEBIT MANDATE**

UMR TO BE COMPLETED BY IRISH CHAROLAIS

By signing this mandate form, you authorise (A) IRISH CHAROLAIS CATTLE SOCIETY LIMITED to send instructions to your Bank to debit your account and (B) your Bank to debit your account in accordance with the instructions from IRISH CHAROLAIS CATTLE SOCIETY LIMITED. 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 marked * in Block Capitals

Debtor Name	*	<input style="width: 95%; height: 20px;" type="text"/>
Debtor Address	*	<input style="width: 95%; height: 20px;" type="text"/>
Debtors Address	*	<input style="width: 95%; height: 20px;" type="text"/>
Country	*	<input style="width: 95%; height: 20px;" type="text"/>
Debtor Account Number – IBAN	*	<input style="width: 95%; height: 20px;" type="text"/>
Debtor Bank Identifier – BIC	*	<input style="width: 95%; height: 20px;" type="text"/>
Creditor's Name	*	<input style="width: 95%; height: 20px; text-align: center;" type="text" value="IRISH CHAROLAIS CATTLE SOCIETY"/>
Creditor Identifier	*	<input style="width: 95%; height: 20px; text-align: center;" type="text" value="IE22SDD303925"/>
Creditor Address	*	<input style="width: 95%; height: 20px; text-align: center;" type="text" value="IRISH FARM CENTRE BLUEBELL"/>
Post Code	*	<input style="width: 95%; height: 20px; text-align: center;" type="text" value="DUBLIN 12"/>
Country	*	<input style="width: 95%; height: 20px; text-align: center;" type="text" value="IRELAND"/>
Type of Payment		Recurrent Payment * <input style="width: 40px; height: 20px;" type="checkbox"/> One-Off Payment <input style="width: 40px; height: 20px;" type="checkbox"/>
Date of Signature	*	<input style="width: 95%; height: 20px;" type="text"/>
<i>Signature(s)</i>	*	<input style="width: 95%; height: 40px;" type="text"/>