

SEPA Direct Debit Mandate



Please tick one of the below;

New Instruction Amendment (new amount) Replacement (new bank details)

Section A Creditor Details

Member Name:	Membership No.:
Creditor: Savvi Credit Union Limited, 27/28 Herbert Place, Dublin 2, Ireland	Eircode: D02 DC97
Creditor Identifier: IE93ZZZ350177	Mandate Reference:

By signing this mandate form, you authorise (a) Savvi Credit Union Ltd to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instructions from Savvi Credit Union Ltd. 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.

Section B Bank Details *(This is the bank you wish us to collect the money from)*

Please complete all fields marked *

Your Name *(as per your bank account):*

Your Address *(as per your bank account):*

County/Postal code:

Country:

Eircode:

Bank Name:

Branch:

BIC:

IBAN:

Amount: €

(Must match total amount under dispersal details overleaf)

Type of Payment:

Recurring One-off

Section C Signature

Signature:

Print Name:

Date: / /

Signature *(for joint account):*

Print Name:

Date: / /

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

Please return to:

Savvi Credit Union Ltd
27/28 Herbert Place
Dublin 2, Ireland
D02 DC97

(Please also complete page overleaf)



Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

Section D Direct Debit Distribution Setup Request

Your Name:

Credit Union Membership No.:

Contact No.:

Section E Dispersal Details

Own Credit Union Accounts

Loan:

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Shares:

€

Second Loan:

€

Online access account:

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Budget account:

€

Car draw:

€

Other(s)

Account Name/Type:

Amount:

€

Account Name/Type:

Amount:

€

Account Name/Type:

Amount:

€

Other Savvi Member's Accounts (e.g family member)

Name:

Account Name/Type:

Membership No.:

Amount:

€

Name:

Account Name/Type:

Membership No.:

Amount:

€

Name:

Account Name/Type:

Membership No.:

Amount:

€

Total (€)

€

Preferred Collection Date:

/ /

Frequency: Weekly

Fortnightly

Monthly

One-off

Section F Signature

Signature:

Signature (for joint account):

Print Name:

Print Name:

Date:

/ /

Date:

/ /

Office Use Only

Request Accepted By:

Input By:

Date:

Print Name:

Verified By:

Date:

Scanned By:

Date: