

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 Number:
Creditor: Savvi Credit Union Limited, 56 Sir John Rogerson's Quay, Dublin 2	Eircode: D02EK20
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):	Bank Name:
Your Address (as per your bank account):	Branch:
County/Postal code:	BIC:
Country:	IBAN:
Eircode:	Amount €:
	(Must match total amount under dispersal details overleaf)
	Type of Payment:
	<input type="checkbox"/> Recurring <input type="checkbox"/> One-off



Need some help with this form?

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

Section C Dispersal Details

Own Credit Union Accounts

Please note that any loan repayments will be credited to your Shares once your loan is finished, unless you instruct us otherwise

Loan:	€	Shares:	€
Second Loan:	€	Online Access Account:	€
Budget Account:	€	Prize Draw:	€
Christmas Saver Account:	€		

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

Name:		Account Name/Type:	
Membership Number:		Amount:	€
Name:		Account Name/Type:	
Membership Number:		Amount:	€

Total (€)	€	Preferred Collection Date:		
Frequency:	Weekly	Fortnightly	Monthly	One-off

Section D Signature

Signature:	Signature (for joint account):
Print Name:	Print Name:
Date:	Date:

Privacy/Data Protection Notice

We process your personal data for the purposes of fulfilling our contract with you and for further purposes as described in our Data Protection Statement. For more details see our Data Protection Statement at savvi.ie/data-protection-statement/. Please contact us at dpo@savvi.ie if you have any queries.

Office Use Only

Request Accepted By:	Date:
Scanned By:	Date:
Input By:	Date: