

SEPA Direct Debit Mandate		Creditor's name & Logo
<input style="width: 100%; height: 20px;" type="text" value="306421"/>		
*Creditor Identifier: TASCDD6169050		
<p>Legal Text: By signing this mandate form, you authorise (A) NAME OF CREDITOR to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from(NAME OF CREDITOR).</p> <p>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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.</p> <p>Please complete all the fields below marked *</p>		
*Your Name :	<input style="width: 100%; height: 20px;" type="text"/>	
Your Address:	<input style="width: 100%; height: 20px;" type="text" value="Address Line 1"/>	
	<input style="width: 100%; height: 20px;" type="text" value="Address Line 2"/>	
*City/postcode	<input style="width: 100%; height: 20px;" type="text"/>	* Country: <input style="width: 100%; height: 20px;" type="text"/>
* Account number(IBAN)	<input style="width: 100%; height: 20px;" type="text"/>	
*Swift BIC	<input style="width: 100%; height: 20px;" type="text"/>	
*Creditors Name _____ *Creditors Address Line 1 _____ *Address Line 2 _____ *Country _____		
*Type of payment Recurrent <input type="radio"/> or One-Off Payment <input type="radio"/> (Please tick v)		
Amount	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	please enter amount
	€10 €25 €50 €100 €1000 Other	
Donations of €250 per annum are eligible for tax relief]		
*Date of signing:	<input style="width: 100%; height: 20px;" type="text"/>	
*Signature(s)	<input style="width: 100%; height: 20px;" type="text"/>	