



SEPA Direct Debit Mandate

Unique Mandate Reference: _____

*Unique Mandate Reference (UMR) - to be completed by **LORETO ABBEY***

By signing this mandate form, you authorise (A) **LORETO ABBEY SECONDARY SCHOOL** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **LORETO ABBEY SECONDARY SCHOOL**. 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 are explained in a statement that you can obtain from your bank. If you expect to pay annually before term commences, please tick the **Annual** box below.

Creditor's Name: L | O | R | E | T | O | | A | B | B | E | Y | | D | A | L | K | E | Y | |

Creditor's Identifier: I | E | 3 | 1 | S | D | D | 3 | 0 | 1 | 0 | 4 | 7 | | | | | | | | | |

Creditor's Address: C | O | N | V | E | N | T | | L | A | N | E | | | | | | | | | | | |

City: D | A | L | K | E | Y | , | | C | O | . | | D | U | B | L | I | N | | | | | |

Eircode: A | 9 | 6 | | Y | C | 8 | 1 | | | | | | | | | | | | | |

Country: I | R | E | L | A | N | D | | | | | | | | | | | | | | | | |

Type of Payment: 3rd Working Day: 25th of the Month: Annual:

Fee Payer's Name: | | | | | | | | | | | | | | | | | | | | | |

Fee Payer's Address: | | | | | | | | | | | | | | | | | | | | | |

City: | | | | | | | | | | | | | | | | | | | | | |

Eircode: | | | | | | | | | | | | | | | | | | | | | |

Country: | | | | | | | | | | | | | | | | | | | | | |

Fee Payer's Account Number - IBAN:
| | | | | | | | | | | | | | | | | | | | | |

Fee Payer's Bank Identifier Code - BIC: | | | | | | | | | | | | | | | |

Daughter's Name: _____

Daughter's Year: _____

Date Of Signature: d | d | m | m | y | y

Please Sign Here: _____

Please return this mandate to: **Loreto Abbey Secondary School, Convent Lane, Dalkey, Co. Dublin.**