

---

SEPA Direct Debit Mandate



Unique Mandate Reference

Creditor Identifier

IE79ZZZ309010

Irish Payroll Association

By signing this mandate form, you authorise (a) Irish Payroll Association to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction Irish Payroll Association.

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.

Please complete all the fields below marked\*

\*Your Name:

\_\_\_\_\_

\*Your Address:

\_\_\_\_\_

\_\_\_\_\_

\*City/Postcode:

\_\_\_\_\_

\*Country:

\_\_\_\_\_

\*Account Number (IBAN)

\_\_\_\_\_

Please return this form to:

\*Creditors Name:

Irish Payroll Association

\*Creditors Address

H4 Centrepoint Business Park

Oak Road, Dublin 12

\*Country

Ireland

\*Type of Payment

Recurrent

Or One-Off Payment

(Please tick ✓)

\*Signatures (s)

\_\_\_\_\_

Date of signing:

\_\_\_\_\_