

SEPA Direct Debit Mandate

Unique Mandate Reference



Charity No: CHY 6830

Creditor Identifier: IE62ZZZ300780

Legal Text: By signing this mandate form, you authorise (A) THE IRISH HOSPICE FOUNDATION to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from THE IRISH HOSPICE FOUNDATION.

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 fields below marked *

*Your Name

Your Address

Address Line 1

Address Line 2

*City / postcode *Country

*Account Number (IBAN)

*Swift BIC

*Creditors Name	<u>The Irish Hospice Foundation</u>
*Creditors Address Line 1	<u>4th Floor, Morrison Chambers</u>
*Address Line 2	<u>32 Nassau Street, Dublin 2</u>
*Country	<u>Ireland</u>

*Date of signing *Signature(s)

Creditor Use Only:

Donation amount € Frequency

Email Telephone

How would you like to hear from us?

We value your time and privacy. You decide when and how you would like to hear from us.

Please keep me up to date with all future mailings Do not contact me again

Only send me Irish Hospice Foundation Newsletter & Christmas Appeals