

SEPA Direct Debit Mandate

Unique Mandate Reference:

'For Office Use Only'

By Signing this mandate form, you authorise (A) Athlone Golf Club to send Instructions to the bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Athlone Golf Club. 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.

Creditors Name:

A	T	H	L	O	N	E		G	O	L	F		C	L	U	B
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---

Creditors Identifier:

I	E	2	8	S	D	D	3	0	7	3	0	9								
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Address:

H	O	D	S	O	N		B	A	Y
---	---	---	---	---	---	--	---	---	---

City/Town:

A	T	H	L	O	N	E
---	---	---	---	---	---	---

County:

C	O		R	O	S	C	O	M	M	O	N									
---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Eircode:

N	3	7		A	X	0	7		
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***** Please Complete All Fields Below *****

Type of Payment: Recurrent Payment One-Off Payment

Debtors Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtors Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Eircode/Postcode:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtors Account Number – IBAN:

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Debtors Bank Identifier Code – BIC:

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Date of Signature:

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Please Sign Here: