SEPA Direct Debit Mandate

ALEXANDRA COLLEGE
DUBLIN

Unique Mandate Reference

To be completed by
Alexandra College

Alexandra Account Code

By signing this mandate form, you authorise (A) **Alexandra College** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Alexandra College**
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 marked *

Creditor's name		**ALEXANDRA COLLEGE**
Creditor identifier		**IE3ISDD30182 3**
Creditor address		**MILLTOWN**
City		**DUBLIN**
Post Code		**DUBLIN 6**
Country		**IRELAND**
Type of payment	*	Monthly Payments (8 instalments) ☐ or Twice yearly Payments (2 instalments) ☐
Debtor Name	*	
Debtor Address		
City		
Post Code		
Country		
Debtor account number – IBAN	*	
Debtor bank identifier code – BIC	*	
Date of signature	*	D D M M Y Y

Signature(s)

Please sign here *

Please return this mandate to the Creditor