

Please return this form to: First Tech Credit Union Ltd.

## **Creditor Name:**

First Tech Credit Union Ltd., 55 Dawson Street, Dublin 2, Ireland.

01 642 7900

S	EPA DIRECT DEBIT MANDATE	FORM
Creditor Identifier:	IE 40ZZZ302922	
Unique Mandate Reference: (to be completed by the credit union)		
Type of payment (please select one	Recurring	Once-Off
By signing this form, you authorise		
	o send instructions to your bank to de unt in accordance with instructions fro	
agreement with your bank. All refu	led to a refund from your bank under nd requests must be claimed within 8 ed in a document that can be requested	weeks of the date on which your accour
Member Name:		
Bank Account Number (IBAN):		
BIC CODE:		
Signature(s):	D	ate:
		P.T.(

First Tech Credit Union Ltd. is regulated by the Central Bank of Ireland



F-DD 07/25

SEPA DIRECT DEBIT PAYMENT DISBURSAL		
Member Number:	<del>_</del>	
Member Name:	_	
Member Address:		
Phone Number:	Email Address:	
	DISBURSAL DETAILS	
Please enter your payment details below if y Main Member Accounts:	you are making payments to one or more accounts:	
Share Account:	Amounts:	
Regular Saver Account:		
Budget Account:		
Loan Type 1:		
Loan Type 2:		
1st Family A/C No.:		
Share Account:		
and Family A /C No.		
2 <sup>nd</sup> Family A/C No.:		
Share Account:		
TOTAL AMOUNT:		
Preferred Collection Date://_	Weekly	
Upon receipt of this form by the credit union	n it may take up to 10 working days to set up a new direct debit,	
please allow this time.		
I/We agree to notify the credit union in writ	ting if I/We wish to cease the direct debit payment to the credit union.	
Signature(s):	Date:	
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