

I pledge my monthly donation, debited on the 2nd day of each month of:

€12 per month €21 per month* €40 per month My choice of € _____ per month

SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Cystic Fibrosis Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Cystic Fibrosis Ireland. 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 regarding the above mandate are explained in a statement that you can obtain from your bank.

Please note: All fields must be completed to enable us to process the payment.

Your Name:

Your Address:

Town/City:

County:

Phone:

Email:

Your BIC:

Your IBAN:

All Direct Debit mandates now require your 8 digit BIC number and 22 digit IBAN number. These numbers can be found on any recent bank statement.

Type of payment: **Recurring Payment** or **One-off Payment**

Date of Signing:

/ /

Signature(s):

* If you donate €250 or more in any given year we can reclaim the tax paid on your donation from the government, so we could get more from your donation at no extra cost.

Please return this form to Cystic Fibrosis Ireland, 24 Lower Rathmines Road, Rathmines, Dublin 6.

FOR OFFICE USE ONLY

SEPA Direct Debit Mandate

Unique Mandate Reference:

Creditor's Name: **Cystic Fibrosis Ireland**

Customer Identifier: IE64SDD360496

Creditor Name & Address: Cystic Fibrosis Ireland, 24 Lower Rathmines Road, Rathmines, Dublin 6

