Student Name:	
Student Number:	
Course Name:	
Course Year:	

National College of Ireland

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR)

(for office use only)

Creditor Identifier: **IE11SDD305287**

Creditor's Name: **National College of Ireland**

Address: **Mayor Street,**
IFSC,

City / Post Code: **Dublin 1**

Country: **Ireland**

Legal Text: By signing this mandate form, you authorise (A) National College of 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 National College of 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.

(Please complete all the fields marked *)

Your Name *

Your Address: *

Your City/ Post Code *

Your Country *

Your Account Number (IBAN) *

Your Bank Identifier Code (BIC) *

Type of Payment: *Recurrent Payment ☐   One-off Payment ☐   (Please tick one box only)

Date of Signature: * ☐☐ ☐☐ ☐☐☐☐

Signature (s)

Please sign here *

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please return this mandate form to Fees Office, National College of Ireland, Mayor Street, IFSC, Dublin 1