IRELAND

St. Anthony's & Claddagh Credit Union Ltd.

Head Office: 8/9 Mainguard Street, Galway. Phone (091) 537200. Fax (091) 537250.
Branch Office: 8 Westside Shopping Centre, Galway. Phone: (091) 537260. Fax: (091) 537270.

DIRECT DEBIT FORM

Instruction to your Bank to Pay Direct Debits

Originators Identification No. (OIN)	3	0	4	3	0	2

Originators Reference (Max 18 Chars) First 6 (minimum) must be static This must be included in your first presentation	STANTH								

Please complete parts 1 to 6 to instruct your bank to make payments directly from your account and sign the form before returning it to:

St Anthony's & Claddagh Credit Union Ltd., 8/9 Mainguard Street, Galway

1. Bank:

Branch:

2. Name of Account Holder:

Address:

3. Sort Code: | | | | | | | Account Number: | | | | | | | | |

4. Members Credit Union No. | | | | | | | | |

5. Please state your repayment frequency _____ (i.e monthly, fortnightly or weekly) and preferred start date: _____

6. Your instruction to your bank, and your signature

- I instruct you to pay Direct Debits from my account at the request of St. Anthony's & Claddagh Credit Union Ltd.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also notify **St. Anthony's & Claddagh Credit Union Ltd**. of such cancellation.

The Direct Debit Guarantee:

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which all Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit then:
  - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
  - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged
- You can cancel the Direct Debit in good time by writing to your Bank

Signature(s): ..... / .....

Date: ..... /..... / .....

BREAKDOWN OF PAYMENT

Total amount .....

Savings amount ..... SSIA Amount .....

Loan amount ..... Frequency .....

Credit Union A/c No. .....

Signed:..... Contact Phone Number .....