	SEPA Direct Debit Mandate
Unique Mandate Reference	Unique Mandate Reference (UMR) IRISH MEDICAL ORGANISATION Ceardchumann Dochtüiri na hÉireann
debit your account in accordance As part of your rights, you are en	a authorise (A) the Irish Medical Organisation to send instructions to your bank to debit your account and (B) your bar with the instructions from the Irish Medical Organisation. itled to a refund from your bank under the terms and conditions of your agreement with your bank. B weeks starting from the date on which your account was debited. Your rights are explained in a statement that you or
	Please complete all the fields marked *
Creditor's name	
	O R G A N I S A T I O N
Creditor identifier	
Creditor address	1 0 F I T Z W I L L I A M P L A C E
City	D U B L I N 2
Post Code	
Country	
Type of payment	Recurrent payment or One-off payment
Debtor Name	*
Debtor Address	
City	
Post Code	
Country	
Debtor account number – IBAN	*
Debtor bank identifier code – BIC	*
Date of signature	*
· ·	Signature(s)
Diagon sing hour	*
Please sign here	Please return this mandate to the Creditor
of the IMO which may be o	Services contacting me regarding the financial products and services available to me as a me of interest to me. If you wish us to forward your contact details to IMOFS and be contacted by dline or mobile phone, SMS text and fax electronic, please tick this box:

Annual

Recurring Payment Schedule:

(Please tick as appropriate)

Monthly