

SEPA Direct Debit Mandate

Unique Mandate Reference

• Unique Mandate Reference (UMR)



IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

By signing this mandate form, you authorise (A) the Irish Medical Organisation to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Irish Medical Organisation.

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 are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name

I	R	I	S	H		M	E	D	I	C	A	L										
O	R	G	A	N	I	S	A	T	I	O	N											

Creditor identifier

I	E	7	0	S	D	D	3	0	0	0	5	4										
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Creditor address

1	0			F	I	T	Z	W	I	L	L	I	A	M		P	L	A	C	E		
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City

D	U	B	L	I	N		2															
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Post Code

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Country

I	R	E	L	A	N	D																
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Type of payment

Recurrent payment or One-off payment

Debtor Name *

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Debtor Address

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City

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Post Code

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Country

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Debtor account number – IBAN *

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Debtor bank identifier code – BIC *

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Date of signature *

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Signature(s)

Please sign here *

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Please return this mandate to the Creditor

For Information Purposes Only:

Recurring Payment Schedule:
(Please tick as appropriate)

Monthly

Annual