



SEPA Direct Debit Mandate

Creditor Identifier Number: IE50ZZZ304585

Irish Association for Counselling and Psychotherapy

Please use **BLOCK CAPITALS** throughout.

Your Name: _____

Unique Mandate Reference:

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Your Address: _____

City/Postcode: _____ Country: _____

Please return to:

Creditor's Name: IACP Ltd
Creditor's Address: First Floor
Marina House
11-13 Clarence Street
Dun Laoghaire
Co. Dublin

Signature: _____

Date of signing: _____

Account Number (IBAN):

Swift BIC:

Please tick box, only if you want to pay your fees over 3 months – Jan/Feb/March

Type of Payment: Recurrent **or** One-Off (please tick one)
(In place until member instructs us otherwise) (To pay the next annual fee **only** – no further years)

Legal Text: By signing this mandate form, you authorise (A) IACP Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from IACP Ltd. 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 above.