

Direct Debit Mandate (SEPA)



Instruction to your bank or building Society to pay by Direct Debit

Please complete this mandate, sign and return to:

**Irish Tax Institute,
South Block,
Longboat Quay,
Grand Canal Harbour,
Dublin 2**

**Unique Mandate
Reference**

For Office Use Only

Please complete all fields marked *

SECTION A

* Your Name: _____ * Account No: _____

Address: _____

Creditor Name: Irish Tax Institute

Creditor Identifier: IE02SDD306332

Creditor Address: South Block, Longboat Quay, Grand Canal Harbour, Dublin 2

By signing this mandate form, you authorise (A) the Irish Tax Institute 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 Tax Institute.

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.

* IBAN: _____

* SWIFT/BIC: _____

* Type of payment: Recurrent Payment OR One-Off Payment

* No. of Instalments: _____ * Commencement Date: _____

* Signature: _____ * Date: _____

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

SECTION B - For Information Purposes Only

STUDENT

Please quote reference "ITI" on all transactions.

Please note in the event your direct debit fails, a penalty of €50 will apply in each instance of failure. This penalty will be collected over the remaining schedule of payments.

Initial Payment: An initial payment of 50% of the total course fees is required to be received before students are registered on a course. This payment can be made by credit card, cheque, bank draft, or postal order. The balance of the payment may be made by direct debit. Please return the direct debit mandate together with the initial payment.

I wish to pay by cheque
Please make cheques payable
to Irish Tax Institute

I wish to pay by credit/debit card

Card Holder _____

Card Type:

MasterCard Visa

AmEx Laser

Card No _____ **Expiry Date** _____

Billing Address _____

I wish to pay by bank draft/
postal order
Please make payable to Irish
Tax Institute