

SEPA Direct Debit Mandate



**College of Psychiatrists  
of Ireland**

Wisdom • Learning • Compassion

Creditor Identifier:

**IE20ZZZ306677**

MEMBERSHIP

PCS

MEMBERSHIP & PCS

Legal Text: By signing this mandate, you authorize (A) the College of Psychiatrists of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from the College of Psychiatrists of Ireland.

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 below marked\*

**\*Your Name:**

**\*Your Address:**

**\*City/Postcode**

**\*Country**

**\*Account Number IBAN:**

**\*Swift BIC:**

Please return to: College of Psychiatrists of Ireland  
5 Herbert Street  
Dublin 2

**\*Type of Payment:** Recurrent  or One-Off Payment  (Please tick)

**\*Date of signing:**

**\*Signature(s):**