

SEPA Direct Debit Mandate

Reddington Childcare  
Centres Limited  
  
Childs Play Creche

\*Mandate Reference

\*Creditor Identifier: IE96ZZZ362733

Legal Text: By signing this mandate form, you authorise Reddington Childcare Centres Limited to send instructions to your bank to debit your account and Bank of Ireland to debit your account in accordance with the instruction from Reddington Childcare Centres Limited.  
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:

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_

\*City/postcode

\* Country:

\* Account number (IBAN)

\*Swift BIC

\*Creditors Name Reddington Childcare Centres Ltd Childs Play Creche  
\*Creditors Address 9 Glenview Drive,  
\*Address Riverside, Galway H91 YA33  
\*Country Ireland

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

\*Date of signing:

\*Signature

**For Information Purposes only**

Debtor Identification code

Person on whose behalf  
Payment is made

Identification code of Debtor Reference Party

Name of Creditor Reference Party- Creditor must complete this if collecting on behalf of another party

Identification code of Creditor Reference Party

Identification number of the underlying contract

Description of the contract