

SEPA Direct Debit Mandate	Reddington Childcare Centres Limited Dun Beag Creche								
*Mandate Reference									
*Creditor Identifier: IE96ZZZ362733									
<p>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.</p> <p>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.</p> <p>Please complete all the fields below marked *</p>									
*Your Name :	<input type="text"/>								
Your Address:	Address Line 1 <input type="text"/> Address Line 2 <input type="text"/>								
*City/postcode	<input type="text"/>								
* Country:	<input type="text"/>								
* Account number(IBAN)	<input type="text"/>								
*Swift BIC	<input type="text"/>								
<table border="1" style="width: 100%;"> <tr> <td>*Creditors Name</td> <td>Reddington Childcare Centres Ltd Dun Beag Creche</td> </tr> <tr> <td>*Creditors Address</td> <td>9 Glenview Drive,</td> </tr> <tr> <td>*Address</td> <td>Riverside, Galway H91 YA33</td> </tr> <tr> <td>*Country</td> <td>Ireland</td> </tr> </table>		*Creditors Name	Reddington Childcare Centres Ltd Dun Beag Creche	*Creditors Address	9 Glenview Drive,	*Address	Riverside, Galway H91 YA33	*Country	Ireland
*Creditors Name	Reddington Childcare Centres Ltd Dun Beag Creche								
*Creditors Address	9 Glenview Drive,								
*Address	Riverside, Galway H91 YA33								
*Country	Ireland								
*Type of payment	Recurrent <input type="radio"/> or One-Off Payment <input type="radio"/> (Please tick ✓)								
*Date of signing:	<input type="text"/>								
*Signature	<input type="text"/>								
For Information Purposes only									
Debtor Identification code	<input type="text"/>								
Person on whose behalf Payment is made	<input type="text"/>								
Identification code of Debtor Reference Party	<input type="text"/>								
Name of Creditor Reference Party- Creditor must complete this if collecting on behalf of another party									
	<input type="text"/>								
Identification code of Creditor Reference Party	<input type="text"/>								
Identification number of the underlying contract	<input type="text"/>								
Description of the contract	<input type="text"/>								