

## SEPA Direct Debit Mandate

\*Unique Mandate Reference

(Will be completed by school and notified to you)



**St. Kilian's**  
Deutsche Schule Dublin

Creditor Identifier: IE69ZZZ300557

Legal Text: By signing this mandate form, you authorise (A) St Kilian's German School to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from St Kilian's German School.

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

Child's name:

Your Address:

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

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

\*City/postcode

\* Country:

\* Account number (IBAN)

\*Swift BIC

**Please complete and return to:**

Creditors Name:	St Kilian's German School
Creditors Address Line 1:	Roebuck Road
Address Line 2:	Clonskeagh, Dublin 14
Country:	Ireland

\*Type of payment: Recurrent (monthly) ☐ **or** One-Off Payment ☐ (Please tick ✓)

\*Date of signing:

\*Signature(s)