

SEPA Direct Debit Mandate

Christian Aid Ireland
Canal House, Canal Road, Dublin 6
Creditors Identification Number
IE32SDD350014

	1				
Title	First Name		Surname		
Address			Eirco	de	
Signature		Date		Date of Birth (optional)	
Name of Account Holder (s)					
Bank Identifier Code (BIC)					
International Bank Account Number (IBAN)					
Please debit my account monthly, on the 8th of each month, the amount as ticked below:					
€5 €10	€20	€ othe	er		
By signing this mandate form, you authorise (A) Christian Aid 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 Christian Aid 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.					
Make your gift worth more at no extra cost to you					
If you are a Republic of Ireland tax payer, Christian Aid Ireland can claim back the tax if you donate €21 per month or more. With effect from 1st January 2013 you can sign a tax efficient giving form which lasts for 5 years. CHY3 forms are available on our website however if you are unable to locate these forms please contact us at Dublin@Christian-Aid.org or +353 (0) 1 496 7040					
Please fill in the boxes below if you are happy for us to contact you regarding future campaigns, news, events, products and the work you are helping to make possible.					
Phone Yes	No	My phone number	er is		
Email Yes	No	My email addres	s is		
Remember you can update your communication preferences at any time by calling us on 01 496 7040.					