

Direct Payment Option



Unique Mandate Reference:

Creditor Identifier: IE62ZZZ302526

SEPA DIRECT DEBIT MANDATE

Legal Text: By signing this mandate form, you authorise (A) Diabetes 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 Diabetes 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 you can obtain from your bank.

PLEASE COMPLETE ALL THE FIELDS BELOW

Name: _____

Address: _____

Type of Diabetes: _____ DOB: ____ / ____ / ____

Landline: _____ Mobile: _____

Email: _____

Tick if you would like to receive the monthly ezine by email

TICK THE MEMBERSHIP PACKAGE THAT SUITS YOU

- | | |
|--|--|
| <input type="checkbox"/> Individual (€30) | <input type="checkbox"/> Membership + Monthly draw (€60) |
| <input type="checkbox"/> Family (€35) | (€800 cash prize per month) |
| <input type="checkbox"/> Concessionary (Student/Retired €20) | <input type="checkbox"/> Health Professional (€35) |

Account Holder Name: _____

IBAN: _____

BIC: _____

PLEASE RETURN THIS MANDATE TO:

Creditor Name: Diabetes Federation of Ireland t/a Diabetes Ireland

Creditor Address: 19 Northwood House, Northwood Business Campus, Santry, Dublin 9. D09 DH30 **Country:** Ireland

TYPE OF PAYMENT Recurring

OPTIONS

Annual membership (as selected overleaf)

Annual Membership + monthly draw (€60 one-off per year)

Annual Membership + monthly draw (€5 per month x 12 = €60)

Signature(s): _____ Date of signing: _____

Note: You are notified annually in advance of membership payment debit. If you have any queries, contact Diabetes Ireland (01) 842 8118