

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 THE MEMBERSHIP PACKAGE THAT SUITS YOU

- | | |
|--|---|
| <input type="checkbox"/> Individual (€30) | <input type="checkbox"/> Membership + Monthly draw (€60)
(€800 cash prize per month) |
| <input type="checkbox"/> Family (€45) | |
| <input type="checkbox"/> Concessionary (Student/Retired €30) | <input type="checkbox"/> Health Professional (€45) |

Account Holder Name: _____

IBAN: _____

BIC: _____

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)

COMMUNICATIONS

Throughout the year Diabetes Ireland communicates with its members. By signing up as a member of Diabetes Ireland you are providing your consent for us to communicate with you.

You have the right to “opt out” of any of the communications listed below. Simply tick the box(es) next to any aspect of information/request you do not wish to receive from Diabetes Ireland.

Tick Box to Opt OUT

- Contact you about upcoming education meetings, workshops and events taking place including our Annual General Meeting.
- Send you our "Diabetes Ireland" magazine.
- Send you information about our products and services.
- Send you information about our annual membership categories.
- Ask you about supporting our charitable work and services through fundraising initiatives.
- Seek your support to improve public services for people with diabetes.
- Ask you to participate in surveys for our research purposes from time to time.
- To contact you for administrative purposes, including the processing of membership, donations and legacies.

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

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