

Direct Debit Mandate/Debit Card Payment Mandate

Payments by monthly Direct Debit deductions will take place after the 20th of each month

Instructions To Your Bank / Building Society To Pay Direct Debits National Solidarity Bond

FOR OFFICIAL USE ONLY

STATE SAVINGS™ ID NO.	3	0	1	0	4	6
ACCOUNT NO.						
IBAN						

Please complete parts 1 to 5 to instruct your Bank / Building Society to make payments directly from your Account

The Manager

1. Name of Bank / Building Society

Address of Bank / Building Society

2. Name(s) of Account Holder(s)

3. Account Number

Sort Code

4. Address of Account Holder(s)

5. Your instructions to the Bank / Building Society and Signature:

- I/We instruct you to pay Direct Debits from my/our Account at the request of State Savings™
- The amounts are unspecified and are to be debited on or after the twentieth day of each month.
- I/We understand that An Post as an agent of the NTMA may change the amount only after I/we have given prior notice to An Post as an agent of the NTMA.
- Deductions will commence in the month following the date below.
- I/We will inform the Bank / Building Society if I/we wish to cancel this instruction.
- I/We understand that if any Direct Debit is paid which breaks the terms of this instruction, the Bank / Building Society will make a refund.

Signature(s)

Date Banks/ Building Societies may decline to accept instructions to pay Direct Debits from some types of accounts.

DD This is a guarantee provided by your own bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate. If you authorise payment by Direct Debit, then (a) your direct debit originator will notify you in advance of the amount to be debited to your account (b) your bank will accept and pay such debits, provided that your account has sufficient available funds (c) if it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your bank of the amount so charged (d) you can cancel the Direct Debit instruction in good time by writing to your bank.

Debit Card Payment Details

TYPE LASER MAESTRO VISA DEBIT (Please tick one)

CARD NUMBER

EXPIRY DATE

PHONE

CARDHOLDER NAME

