# ARKLOW GOLF CLUB

## DIRECT DEBIT MANDATE FORM

Unique Mandate Reference

*Unique Mandate Reference (UMR) – to be completed by Arklow Golf Club*

- By signing this mandate form, you authorise (A) **ARKLOW GOLF CLUB** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **ARKLOW GOLF CLUB**
  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 marked ***

| | | |
|---|---|---|
| Creditor's name | | **A R K L O W G O L F C L U B** |
| Creditor identifier | | **I E 8 7 S D D 3 6 1 4 4 0** |
| Creditor address | | **A B B E Y L A N D S** |
| | | **A R K L O W** |
| Post Code | | |
| Country | | **C O W I C K L O W** |
| Type of payment (please circle 1 option) | * | Yearly Monthly Quarterly |
| Member's Name | | |
| Member's GUI/ILGU Number | | |
| Member's Mobile Number | | |
| Member Address | | |
| Town / City | | |
| County | | |
| Post Code | | |
| Member account number – IBAN | * | |
| Member bank identifier code – BIC | | |
| Date of signature | * | D D M M Y Y |

**Signature(s)**

Please sign here *

Please return this mandate to Arklow Golf Club