SEPA DIRECT DEBIT MANDATE UNIQUE MANDATE REFERENCE (FOR OFFICE USE ONLY): Please complete all fields marked * and return this mandate to the Creditor: * DEBTOR NAME: CREDITORS IDE DEBTOR ADDRESS:		••			11y Board 300674
*DEBTOR ACCOUNT NO IBAN					
 * DEBTOR BANK IDENTIFIER CODE BIC: Creditors Name: Tipperary GAA County Board Creditors Address: Lar Na Páirce, Slievenamon Rd, Thurles, Co. Tipperary Type Of Payment: Recurrent X One Off Designing this mandate form, you authorise A) Tipperary GAA County Board to send instructions to your bank to debit your account and B) your bank to debit your account in accordance with the instructions from Tipperary GAA County Board. 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. 					
* Signature: * Dat	ı te: _				
FOR INFORMATION PURPOSES ONLY I wish to pay my annual draw subscription over (place x in box of choice) 10 monthly payments 5 monthly payments 2 monthly payments Single Payment					