Direct Debit Mandate (SEPA)

FOR OFFICE USE ONLY Unique Mandate Reference:

By signing this mandate form, you authorise (A) the Construction Workers' Pension Scheme to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Construction Workers' Pension Scheme.

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.

Creditor's Name:	CONSTRUCTION WORKERS
	PENSION SCHEME
Creditor's Identifier:	IE92SDD305090
Creditor's Address:	4 CLONSKEAGH SQUARE
	CLONSKEAGH ROAD
City:	DUBLIN 14
Post Code:	D14FH90
Country:	IRELAND

PLEASE COMPLETE ALL THE FIELDS MARKED *

Type of payment	RECURRING
*Debtor Name:	
Debtor Address:	
City:	
Post Code:	
Country:	
*Debtor Account Number – IBAN	
*Debtor Bank Identifier Code – BIC	
*Signature:	*Date of signature:

FOR INFORMATION PURPOSES ONLY

CWPS Employer ID Number:	
Firm Name:	
Firm Address:	
Email Address:	

Please Note: By completing and signing this form, you agree that the amounts to be collected by CWPS are variable and may be collected at various dates. You also agree that you will notify your bank and CWPS in writing if you wish to cancel this arrangement.

Please return completed forms to: Construction Workers' Pension Scheme (CWPS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 497 7663 | e: invoicereturns@cwps.ie | w: www.cwps.ie