

SEPA Direct Debit Form

| Unique Mandate R | eterence: |
|---|------------------------|
| Unique Mandate Reference (UMR) – To be completed by the Fellows and Members' Office | |
| By signing this mandate form, you authorize (A) RCSI to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from RCSI. | |
| 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 fields marked * | |
| (If you would also like to set up a direct debit to make payment of your Professional Competence Scheme (PCS) please tick: \Box) | |
| Type of Payment*: | Recurrent X or One Off |
| Debtor Name * | |
| Debtor Address* | |
| City | |
| Post Code | |
| Country | |
| Debtor account number – IBAN * | |
| | |
| Debtor Bank Identif | ier-BIC * |
| Date of Signature: ' | |
| | Signature |
| Please sign here* | |

Originator

Fellows and Members' Office RCSI (Royal College of Surgeons in Ireland) 123 St Stephen's Green Dublin 2, Ireland

Tel: +353 1 402 2729 Email: fellows@rcsi.ie

Creditor Identifier Number: IE21SDD360106