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	С	0	Ν	S	Т	R	U	С	Т	I	0	Ν		W	0	R	Κ	Е	R	S				
	Р	Е	Ν	S	Ι	0	Ν		S	С	Н	Е	Μ	Е										
Creditor's Identifier	Ι	Е	9	2	S	D	D	3	0	5	0	9	0											
Creditor's Address	С	А	Ν	Α	L		Η	0	U	S	Е			С	A	Ν	А	L		R	0	A	D	
City	D	U	В	L	I	Ν																		
Post Code	6																							
Country	1	R	E	L	Α	Ν	D																	
PLEASE COMPLETE	ALL	THE	FIE	LDS	MA	RKE	D*																	
Type of payment	R	E	С	U	R	R		Ν	G															
Debtor Name *																								
Debtor Address																								
City																								
Post Code																								
Country																								
Debtor account number – IBAN *																								
Debtor bank identifi	er co	ode	– BIO	c*																				
Signature*													Da	te o	f sig	natı	ire '	k						

FOR INFORMATION PURPOSES ONLY

CWPS Employer Id	Nu	mbe	r											
Firm Name														
Firm Address														
Email Address														

Please note that 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 form to: Construction Workers' Pension Scheme, Canal House, Canal Road, Dublin 6 t: (01) 497 7663 f: (01) 507 7421 e: invoicereturns@cwps.ie

