

# SEPA Direct Debit Mandate



Unique Mandate Reference

Alexandra Account Code

*To be completed by  
Alexandra College*

By signing this mandate form, you authorise (A) **Alexandra College** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Alexandra College**.  
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 \***

<b>Creditor's name</b>	A   L   E   X   A   N   D   R   A   C   O   L   L   E   G   E
<b>Creditor identifier</b>	I   E   3   I   S   D   D   3   0   1   8   2   3
<b>Creditor address</b>	M   I   L   L   T   O   W   N
City	D   U   B   L   I   N
Post Code	D   U   B   L   I   N   6
Country	I   R   E   L   A   N   D

Type of payment      \*      Monthly Payments  (8 instalments)      or      Twice yearly Payments  (2 instalments)

<b>Debtor Name</b>	*	<input style="width: 95%; height: 25px;" type="text"/>
<b>Debtor Address</b>		<input style="width: 95%; height: 25px;" type="text"/>
City		<input style="width: 95%; height: 25px;" type="text"/>
Post Code		<input style="width: 95%; height: 25px;" type="text"/>
Country		<input style="width: 95%; height: 25px;" type="text"/>
<b>Debtor account number – IBAN</b>	*	<input style="width: 95%; height: 25px;" type="text"/>
<b>Debtor bank identifier code – BIC</b>	*	<input style="width: 80%; height: 25px;" type="text"/>

Date of signature      \*     

**Signature(s)**

Please sign here      \*     

Please return this mandate to the Creditor

**Student name(s):** \_\_\_\_\_