

Direct Debit Mandate (SEPA)



Unique Mandate Reference:

FOR OFFICE USE

HOW MUCH DO YOU WANT TO DONATE MONTHLY IN EURO?



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

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 return this mandate to **GOAL, FREEPOST PO Box 19, Dun Laoghaire, Co Dublin**

Please complete all the fields marked *

YOUR DETAILS

First Name*

Last Name*

Address

Town/City

CREDITOR'S DETAILS

Name: **GOAL**

Identifier: **IE89SDD360143**

Address: **PO Box 19, Dun Laoghaire, Co Dublin**

County

IBAN*

IBAN must be 22 characters

BIC*

BIC must be 8 or 11 characters

Your payment will be a recurring monthly payment on the 1st banking day of each month.

Signature*

Date of Signature* / /

I would like to hear how my support is helping GOAL (Please Tick)

Phone

Email

Thank you!