



Irish Association for Counselling and Psychotherapy

SEPA Direct Debit Mandate

Creditor Identifier Number: IE50ZZZ304585

Please use BLOCK CAPITALS throughout.

Your Name: _____

Unique Mandate Reference:

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Your Address: _____

City/Postcode: _____ Country: _____

Please return to:

Creditor's Name: IACP Ltd

Creditor's Address: First Floor
Marina House
11-13 Clarence Street
Dun Laoghaire
Co. Dublin

Signature: _____

Date of signing: _____

Account Number (IBAN):

Swift BIC:

☐ Please tick box, only if you want to pay your fees over 3 months – Jan/Feb/March

Type of Payment: Recurrent ☐ **or** One-Off ☐ (please tick one)
(In place until member instructs us otherwise) (To pay the next annual fee **only** – no further years)

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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 above.

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