



Direct Debit Mandate

To set up a direct debit payment, complete this form and return to: Finance Department, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2, Ireland.

Your name: _____ RCPI ID number: _____

Your bank branch name _____

Your bank's address _____

Name of account holder _____

Please tick the subscription(s) you wish to pay by direct debit

- Royal College of Physicians of Ireland Subscription
 Faculty of Paediatrics Subscription
 Faculty of Pathology Subscription

- Faculty of Occupational Medicine Subscription
 Faculty of Public Health Medicine Subscription
 Institute of Obstetricians & Gynaecologists Subscription

- Please tick here if you wish to pay your subscription by **monthly instalments**.
Your account will be debited each month by a percentage of the total due.

- Please tick here if you wish to pay your Professional Competence Scheme Fee by direct debit**

Please note: There is no instalment plan available for the Professional Competence Scheme fee. Your account will be debited once annually.

Please complete Page 2 of the mandate form filling in the sections marked with an asterisk* only.

Please note: Under the SEPA payments system, we are only able to set up direct debits from Euro accounts within the Eurozone area using a valid IBAN and BIC number. We are unable to set up direct debits from UK Sterling (GBP) accounts.



SEPA Direct Debit Mandate		Creditor Identifier: IE84ZZZ304070
<div style="border: 1px solid black; padding: 5px;">Unique Mandate Reference (Office use only):</div>		
<p>Legal Text: By signing this mandate form, you authorise: (A) the Royal College of Physicians of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from the Royal College of Physicians of Ireland. 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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.</p>		
Please complete all the fields below marked *		
*Your Name :	<input type="text"/>	
*Your Address:	<div style="border: 1px solid black; padding: 5px;"><p>Address Line 1 _____</p><p>Address Line 2 _____</p><p>Address Line 3 _____</p></div>	
*City/postcode	<input type="text"/>	* Country: <input type="text"/>
* IBAN	<input type="text"/>	
* BIC	<input type="text"/>	
*Type of payment Recurrent (Your fee will be debited annually)	<input checked="" type="checkbox"/>	(Please tick v)
or One-Off Payment (You will be debited one time only)	<input type="checkbox"/>	(Please tick v)
*Date of signing:	<input type="text"/>	
*Signature(s)	<input type="text"/>	
Please return this mandate to the creditor at the address below		
<p>Royal College of Physicians of Ireland Finance Department Frederick House 19 South Frederick Street Dublin 2 Ireland</p>		