

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, D02 X266, Ireland, or accountsreceivable@rcpi.ie.

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

- | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Royal College of Physicians of Ireland Subscription | <input type="checkbox"/> Faculty of Occupational Medicine Subscription |
| <input type="checkbox"/> Faculty of Paediatrics Subscription | <input type="checkbox"/> Faculty of Public Health Medicine Subscription |
| <input type="checkbox"/> Faculty of Pathology Subscription | <input type="checkbox"/> 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 to year-end 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 monthly instalment plan available for the Professional Competence Scheme fee. Your account will be debited 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

Unique Mandate Reference (Office use only):

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 your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked **Your Name : *Your Address:
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____*City/postcode * Country: * IBAN * BIC *Type of payment Recurrent (Your fee will be debited annually or monthly) (Please tick ✓)**or** One-Off Payment (You will be debited once only) (Please tick ✓)*Date of signing: *Signature(s) Please return this mandate to the creditor at the address **below**

Finance Department
Royal College of Physicians of Ireland
Frederick House
19 South Frederick Street
Dublin
D02 X266
Ireland