LORETO HIGH SCHOOL BEAUFORT
GRANGE ROAD, RATHFARNHAM. DUBLIN 14

SEPA Direct Debit Mandate

Creditor Identifier: IE33SDD361539

LHS PARENT ACCOUNT CODE:

(OFFICE USE ONLY)

Legal Text: By signing this mandate form, you authorise (A) Loreto High School to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Loreto High School.
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.
Please complete all the fields below marked *

*Name on Bank Account :

*Student Name(s)

*Your Address:

Address Line 1_____

Address Line 2_____

Address Line 3_____

Address Line 4_____

*IBAN NUMBER

* Type of payment Recurrent ⊗

Creditors Name: Loreto High School, Beaufort
Creditors Address Grange Road
Rathfarnham
Dublin 14

*Date of signing:

*Signature(s)

_____

Please return form to address below:

THE BURSAR, LORETO HIGH SCHOOL BEAUFORT. GRANGE ROAD, RATHFARNHAM, DUBLIN 14