THE KING'S HOSPITAL SCHOOL

The King's Hospital School
Palmerstown, Dublin 20
D20 V256, Ireland

www.kingshospital.ie

SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference
(For office use only)

Creditor Identifier: IE59ZZZ301028

Creditor Name: The King's Hospital School

Creditor Address: Palmerstown, Dublin 20 D20 V256

By signing this mandate form, you authorize (A) The King's Hospital School to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from The King's Hospital 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 your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please return the completed form to Fee Accounts, The King's Hospital School, Palmerstown, Dublin 20, D20 V256. Queries to Carly Lynch on +353 1 643 6534 or **feeaccounts@thekingshospital.ie**

This form should only be completed if your selected payment method for school fees is by Direct Debit through an Irish bank account. The Direct Debit facility is not available to overseas students.

Please complete all fields below in BLOCK CAPITALS only.

Please tick if the below account is currently active on an existing sibling(s) account ☐

Account Holder Name:

Account Holder Address:

Bank Name:

IBAN (Irish Account Only):

SWIFT/BIC Code:

Student Name(s):

Payment Type: **(Please tick one box only)**

☐ Half Yearly — Fees and 'extras' on 1st August and 1st January

☐ 8 Monthly — Fees from 1st August to 1st March inclusive and 'extras' on 1st August and 1st January

Date of Signature:

Signature(s):