

# ASSOCIATED CRAFT BUTCHERS OF IRELAND

60 Barrack Street  
Waterford  
X91 K022



## MEMBERSHIP APPLICATION & SEPA DIRECT DEBIT MANDATE

(This form combines membership application details with a SEPA Direct Debit mandate in accordance with Irish and European Payments Council (EPC) standards.)

### SECTION 1 – APPLICANT DETAILS

Owner Name\* \_\_\_\_\_

Company Name\* \_\_\_\_\_

Trading As\* \_\_\_\_\_

Business Address\* \_\_\_\_\_

Postcode\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

Accounts Email Address \_\_\_\_\_

Telephone\* \_\_\_\_\_

Mobile\* \_\_\_\_\_

Website \_\_\_\_\_

### SECTION 3 – MEMBERSHIP FEES

Annual Membership Fee: €600

Additional Store Fee: €200 per additional store

Direct Debit Processing Fee: €2.50

Number of Stores Applying \_\_\_\_\_

### SECTION 4 – PAYMENT METHOD (Please Tick)

Monthly Direct Debit (Recurrent. €52.50pm)

Annual Direct Debit (Recurrent, €602.50pa)

### SECTION 5 – SEPA DIRECT DEBIT MANDATE (CORE SCHEME)

Creditor Name: Associated Craft Butchers of Ireland

Creditor Identifier (CI): IE09ZZZ302219

Creditor Address: 60 Barrack Street, Waterford., X91 K022

Unique Mandate Reference: (For Office Use Only)

DEBTOR (ACCOUNT HOLDER) DETAILS

Account Name\* \_\_\_\_\_

IBAN\*: \_\_\_\_\_

BIC (Swift Code): \_\_\_\_\_

## **AUTHORISATION (SEPA CORE SCHEME)**

By signing this mandate form, you authorise:

(A) Associated Craft Butchers of Ireland to send instructions to your bank to debit your account; and  
(B) your bank to debit your account in accordance with the instructions from Associated Craft Butchers of Ireland.

As part of your rights under the SEPA Direct Debit Scheme, you are entitled to request a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eight (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.

## **SECTION 6 – MEMBERSHIP DECLARATION & DATA PROTECTION**

I confirm and declare that:

The information provided in this application is accurate and complete.

I apply for membership of Associated Craft Butchers of Ireland and agree to abide by its constitution, rules, and policies.

I understand that membership may be approved, refused, or terminated in accordance with the association's governing rules.

I agree to pay all applicable membership fees.

I consent to the processing of my personal and business data for membership administration, communications, and regulatory purposes in accordance with GDPR and the organisation's Privacy Policy.

## **SECTION 7 – SIGNATURE**

Signature(s)\* \_\_\_\_\_

Date\* \_\_\_\_\_

Fields marked with an asterisk (\*) are mandatory. Please return the completed and signed form to Associated Craft Butchers of Ireland at the address above.\*

### **Our Contact Details**

info@craftbutchers.ie

#### **Brendan Sears**

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