



SEPA DIRECT DEBIT MANDATE

CREDITOR ID: MT17ZZZ000111001C

MANDATE REFERENCE: _____
(To Be Filled in by Secretary)

By signing this mandate form, you authorise the Malta Union of Teachers to send instructions to your bank to debit your account for membership fee, and your bank to debit your account in accordance with the instructions from the Malta Union of Teachers.

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.

Name(s) of Account Holder: _____

Membership Number: _____
(to be left empty in case of new membership)

ID Card Number: _____

Address: _____

IBAN: _____

Type of Payment: Recurrent

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Place: Hamrun

Time & Date of Signature: _____

Signature: _____

Kindly send your application from by post/ hand to:
Malta Union of Teachers, 759, Triq il-Kbira San Ġużepp, Hamrun, HMR1016, Malta