……………………………………………………………………………………………………………………………………………………………………….

**SEPA Direct Debit Mandate**

|  |  |
| --- | --- |
| Unique Mandate Reference (UMR) |  |
|  |  *(for office use only)*  |

|  |  |
| --- | --- |
| Creditor Identifier | **<INSERT YOUR COMPANY SEPA ORIGINATOR ID HERE>** |
|  |  |

|  |  |
| --- | --- |
| Creditor’s Name  | **<INSERT YOUR COMPANY NAME HERE>** |
| Address    | **<INSERT YOUR COMPANY ADDRESS LINE 1 HERE>****<INSERT YOUR COMPANY ADDRESS LINE 2 HERE>****<INSERT YOUR COMPANY ADDRESS LINE 3 HERE>****<INSERT YOUR COMPANY CITY / POSTCODE HERE>** |

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Legal Text: By signing this mandate form, you authorise (A) <INSERT YOUR COMPANY NAME HERE> to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from <INSERT YOUR COMPANY NAME HERE>.

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

Please complete all the fields marked \*

|  |  |
| --- | --- |
| Your Name \* |  |

|  |  |
| --- | --- |
| Your Address  |  |
|   |  |
|  |  |
|  |                       |
| Your City / Post Code  |
| Your Country  |  |

|  |  |
| --- | --- |
| Your Account Number (IBAN) \* |  |

|  |  |
| --- | --- |
| Your Bank Identifier Code (BIC)  |  |

|  |  |
| --- | --- |
| Type Of Payment \* |  |
| Recurrent Payment | d | **or** One-off Payment |  | (Please tick √ one box only) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Of Signature \* |  D |  D |  M |  M | Y |  Y |  Y |  Y |

 **Signature(s)**

|  |  |
| --- | --- |
| Please Sign Here \* |  |

|  |
| --- |
| Please return this mandate form to **<INSERT YOUR COMPANY NAME HERE>** |

…………………………………………………………………………………………………………………………………………………………………….