EBS
10 Molesworth Street, Dublin 2, D02 R126

Telephone
01 665 9000

Facsimile
01 874 7416

Web
www.ebs.ie
Email
info@mail.ebs.ie

Direct Debit (SEPA) Over 8 Week Refund Request Form

Request to Refund a Direct Debit payment with the following details:

(A) CUSTOMER DETAILS

Customer Name:

EBS IBAN:

(B) PAYMENT DETAILS

Date Payment Debited from the Account: _____/_____/_____

Amount of Payment: €

Originator Name:

Direct Debit Unique Reference Number:

(C) Any other Additional information

Please confirm the details above are correct

Note: If the information provided above is incorrect EBS cannot process this request.

Signature(s): _____ **Date:** _____/_____/_____

Signature(s): _____ **Date:** _____/_____/_____

DATA PROTECTION

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in our EBS Offices or online at www.ebs.ie/dataprotection. It may change from time to time.

FOR OFFICE USE ONLY:

Reason for Refund Request:

No Valid Instruction Held

Cashier I.D. Code: _____

Branch Source Code: _____

Mandate Applied By: _____

Checked by: _____

Staff Signature: _____

Terms and Conditions Apply.