

EBS
The EBS Building
2 Burlington Road
Dublin 4, D04 WV00

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

Pease 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: ___/___/___

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.