EBS
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Facsimile
01 874 7416

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Direct Debit (SEPA) Under 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:

Customer Request - No Reason Provided
(Authorised Refund - SEPA Direct Debit Only)

Cashier I.D. Code: _____
Branch Source Code: _____
Mandate Applied By: _____
Checked by: _____
Staff Signature: _____
Terms and Conditions Apply.

Office Stamp