

EBS d.a.c.
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

EBS

Payment from EBS Account Recall Request Form

Request to Refund a Credit Transfer payment with the following details:

(A) CUSTOMER DETAILS

Customer Name: _____

EBS IBAN: _____

(B) PAYMENT DETAILS

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

Amount of Payment: _____

€

Beneficiary Name: _____

Beneficiary IBAN: _____

Payment End to End ID Number (To be Inserted by Payment Operations.

Not available in EBS Office). _____

(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: _____ / _____ / _____

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:

Incorrect Amount Sent Incorrect Beneficiary Customer Request

Cashier I.D. Code: _____

Branch Source Code: _____

Mandate Applied By: _____

Checked by: _____

Staff Signature: _____

Terms and Conditions Apply. _____

Office Stamp