

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

EBS

Request to Refuse the next Direct Debit payment Form

Please complete in BLOCK CAPITALS using Black pen.

Customer Request to Refuse the next Direct Debit payment with the following details:

(A) CUSTOMER DETAILS

Customer Name: _____

EBS IBAN: _____

(B) Direct Debit Details

Originator Name: _____

Direct Debit Reference Number: _____

Next Due Date:

/ /

Next Payment Amount: €

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(C) Reasons for Refusal

Please confirm that your details above are correct.

Note: If the information provided above is incorrect EBS cannot process this request, the payment will be debited from your account and no retrospective correction is possible.

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:

Cashier I.D. Code: _____

Branch Source Code: _____

Mandate Applied By: _____

Checked by: _____

Staff Signature: _____

Office Stamp

Terms and Conditions Apply. EBS d.a.c. is Regulated by the Central Bank of Ireland.