

EBS
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Dublin 4, D04 WV00

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01 874 7416

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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: ____/____/____

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.