

EBS SEPA Direct Debit Mandate

EBS Account Number

Unique Mandate Reference

Unique Mandate Reference (UMR) - to be completed by EBS d.a.c..

By signing this mandate form, you authorise (A) EBS d.a.c. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from EBS d.a.c..

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all fields marked *

DEBTOR DETAILS

*Name

Address

City

Post Code

Country

*Account Number - IBAN

*Bank Identifier Code - BIC

CREDITOR DETAILS

*Creditor Name

*Creditor Identifier

*Creditor Address

*City

*Post Code

*Country

*Type of Payment

 Recurrent Payment, or One-off Payment

*Date of signature

*Please Sign Here

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Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please return this Mandate to EBS d.a.c..

