English for Cyprus, Ireland and United Kingdom

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| **Header texts:** | |
| SEPA Direct Debit Mandate |  |
| Mandate reference – to be completed by the creditor |  |
| CREDITOR’S NAME & LOGO |  |
| **Authorisation statement:** | |
| By signing this mandate form, you authorise (A) {NAME OF CREDITOR} to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from {NAME OF CREDITOR}. |  |
| 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. |  |
| Please complete all the fields marked \*. |  |

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| **Upper field texts:** | | |
| 1 | Your name  Name of the debtor(s) |  |
| 2 | Your address  Street name and number |  |
| 3 | Postal code  City |  |
| 4 | Country |  |
| 5 | Your account number  Account number - IBAN |  |
| 6 | SWIFT BIC |  |
| 7 | Creditor’s name  Creditor name |  |
| 8 | Creditor identifier |  |
| 9 | Street name and number |  |
| 10 | Postal code  City |  |
| 11 | Country |  |
| 12 | Type of payment:  Recurrent payment  or One-off payment |  |
| 13 | City or town in which you are signing  Location  Date |  |
| **Signature texts:** | | |
| Signature(s)  Please sign here | |  |
| Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. | |  |
| **Lower field texts:** | | |
| Details regarding the underlying relationship between the Creditor and the Debtor – for information purposes only. | |  |
| 14 | Debtor identification code  Write any code number here which you wish to have quoted by your bank |  |
| 15 | Person on whose behalf payment is made |  |
|  | Name of the Debtor Reference Party: If you are making a payment in respect of an arrangement between {NAME OF CREDITOR} and another person (e.g. where you are paying the other person’s bill) please write the other person’s name here. |  |
|  | If you are paying on your own behalf, leave blank. |  |
| 16 | Identification code of the Debtor Reference Party |  |
| 17 | Name of the Creditor Reference Party: Creditor must complete this section if collecting payment on behalf of another party. |  |
| 18 | Identification code of the Creditor Reference Party |  |
| 19 | In respect of the contract:  Identification number of the underlying contract |  |
| 20 | Description of contract |  |
| **Information texts:** | | |
| Please return to | |  |
| Creditor’s use only | |  |