SDD Core Mandate For EPC Scheme Participation Fees

Creditor company name: CONSEIL EUROPEEN DES PAIEMENTS (EUROPEAN PAYMENTS COUNCIL)

Creditor's identifier: BE57ZZZ0873268927

Creditor's address: Cours Saint-Michel 30

Postal code and city: 1040 Bruxelles

Creditor's country of residence: Belgium

**SEPA EUROPEAN DIRECT DEBIT MANDATE – Core scheme**

|  |  |
| --- | --- |
| MANDATE REFERENCE\* |  |
| FOR A RECURRING  / ONE-OFF  PAYMENT | |

*By signing this mandate form, you authorise (A)* CONSEIL EUROPEEN DES PAIEMENTS/BE57ZZZ0873268927 *to instruct your bank to debit your account, and (B) your bank to debit your account in accordance with* CONSEIL EUROPEEN DES PAIEMENTS/BE57ZZZ0873268927’s instructions*.*

*You have the right to request a refund from your bank according to the conditions specified in your agreement with it. All refund requests must be submitted within eight weeks of the date on which your account was debited.*

*\* Reserved for EUROPEAN PAYMENTS COUNCIL. Will be communicated to you after signature.*

The undersigned,

|  |  |  |
| --- | --- | --- |
| **Debtor’s name** |  | |
| **Street and number** |  | |
| **Post code and city** |  | |
| **Country** |  | |
| **Account no. (IBAN)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **BIC code** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | |
| **Date (day/month/year)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | **Signature** | |

**Place:**