

SEPA Direct Debit Mandate

Creditor

Creditor name

Street name and number

Postal code and city

Country

Creditor identifier

Mandate reference – to be completed by the creditor

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

Type of payment: ☐ Recurrent payment ☐ One-off payment

Debtor (account holder)

Name of the debtor (account holder)

Street name and number

Postal code and city

Country

Account number – IBAN

SWIFT BIC (only required if a bank outside the EEA is involved)

City or town in which you are signing

Date

Signature(s) of the debtor

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

Please return to: