SEPA Direct Debit Core Mandate

Mandatereference: ……………………………..

Award by Creditor

Creditor ID (CID): ………………..

Creditor:

Name: ………………………………………………………………………………………………..

Adress of the Creditor (Adress, Postal Code, Country):
…………………………………………………………

By signing this mandate form, you authorise (NAME OF CREDITOR} to send instructions to your bank to debit your account and 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.

Type of payment: ☐ Recurrent Direct Debit ☐ One Off Direct Debit

Debtor:

Name: ………………………………………………………………………………………………..

Adress of the Debtor (Adress, Postal Code, Country):
…………………………………………………………

IBAN: ………………..……………… **BIC:** ..…………………………………

Location, Date ……………………………………..……

 Signature: …………………………..…………….