

SEPA Direct Debit Mandate

*Unique Mandate Reference



*Creditor Identifier:

IE95ZZZ300186

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 instruction 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. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

*Company Name:

*Company Address

Address Line 1 _____

Address Line 2 _____

*City/postcode

* Country:

* IBAN (Account number)

*SWIFT BIC

*Creditors Name: **Bus Átha Cliath**

*Creditors Address Line 1: **Finance Department**

*Address Line 2: **O'Connell Street, Dublin 1**

*Country: **Ireland**

*Type of payment Recurrent

*Date of signing:

*Signature(s)

Please return this mandate to **Bus Átha Cliath** and **not your bank**

