	SEPA Direct Debit Mandate	Creditor's
	Mandate reference – to be completed by the creditor	Name & Logo
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 *.		
Your name	*	
Your address	Name of the debtor(s) *	
	* Postal code City	
	* Country	
Your account number	* Account number - IBAN	
	* <i>SWIFT BIC</i>	
Creditor's name	* Creditor name	
	* Creditor identifier	
	* Street name and number	
	*	
	Postal code City *	
Type of payment City or town in which you are signing	Country * Recurrent payment Image: Country * Recurrent payment Image: Country Image: Country * Recurrent payment Image: Country Image: Country * Recurrent payment Image: Country Image: Country	
Please sign here Note: Your rights regarding the abo	Signature(s) *	
Details regarding the underlying	g relationship between the Creditor and the Debtor - for information purposes only.	
Debtor identification code	Write any code number here which you wish to have quoted by your bank.	
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 CRI (e.g. where you are paying the other person's bill) please write the other person's name here.	EDITOR} and another person
	If you are paying on your own behalf, leave blank.	
	Identification code of the Debtor Reference Party	
In respect of the contract	Name of the Creditor Reference Party: Creditor must complete this section if collecting payment on behalf of another party	y.
	Identification number of the underlying contract Description of the contract	
Please return to	Creditor's use only	