

Direct Debit Mandate (SEPA)



Unique Mandate Reference

– to be completed by **Ballinrobe Waste**

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

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.

Creditor's Name: Ballinrobe Waste	Creditor Address: Knockgloss, Ballinrobe, Co. Mayo
Creditor Identifier: IE 41 SDD 305329	Type of Payment: Recurrent Payment <input type="checkbox"/> or One-off payment <input type="checkbox"/>

Please complete all fields marked *

Customer Name:*	Customer Bank Account Number – IBAN:* _____
Customer Address 1:*	Customer Bank Identifier Code – BIC:* _____
Address 2*	Signature:*
County*	Date:*

Please return this mandate to **Ballinrobe Waste, Knockgloss, Ballinrobe, Co. Mayo**.

I wish to pay my Ballinrobe Waste bill: (Please tick to select) Yearly Half Yearly Quarterly Monthly