

SEPA Direct Debit Mandate



INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

Unique Mandate Reference:
(to be completed by the originator)

Creditor Identifier
(Max 18 chars)

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account and please return the form to:-

Pepper Asset Servicing, PO Box 13117, Shannon, County Clare.

1. To the Manager of

Bank or Financial Institution

Branch Where Account Held

2. Full Name of Account Holder

3. Type of payment Date

Account Number (IBAN) (Account to be debited):

BIC of Debtor Bank:

4. Your instructions to the Bank/Building Society/Credit Union:

- I instruct and authorise you to pay Direct Debits from my account at the request of Pepper.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank if I wish to cancel this instruction. I shall also so notify Pepper of such cancellation.

Authorised Signatures

City or Town in which you are signing

Date

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.