SEPA DD Mandate with Mandatory Fields (no optional elements)

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| **SEPA Direct Debit Mandate**  \*Unique Mandate Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Western Hygiene Supplies Ltd |
| \*Creditor Identifier: IE73ZZZ303201 |
| Legal Text: By signing this mandate form, you authorise (A) Western Hygiene Supplies Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Western Hygiene Supplies Ltd.  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 \* | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Your Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Address:  \*City/postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Account number(IBAN)  \*Swift BIC  \*Creditors Name: Western Hygiene Supplies Ltd  \*Creditors Address: Curry, Cummer, Tuam, Co. Galway H54DA59  \*Country: Ireland  \*Type of payment Recurrent **or** One-Off Payment (Please tick √)  √    \*Date of signing:  \*Signature(s) | |