

EXOMEX IRELAND LTD

SEPA Direct Debit Mandate

Please Complete all fields below marked *
Then return this form to:

Creditor's Name & Address

Exomex (Ireland) Ltd.
Corcaghan,
Monaghan,
Co. Monaghan.

Please Tick Type of Payment:

One Off	Recurrent
	X

Creditor Identifier: **IE20ZZZ302506**

Unique Mandate Reference:

*Your
Name:

*Your
Address:

Address Line 1

Address Line 2

County:

Country: IRELAND

*IBAN:

*Swift BIC:

*Bank Name:

*Bank Address:

*Signature: _____

*Date: _____

By signing this mandate form, you authorise (A) Exomex Ireland 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 Exomex Ireland 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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

*Please circle which frequency for your direct debit:

Bi-Annual

Quarterly

Monthly

*Your Mc Elvaney Waste Account Number:

*Contact Number: