

## **SEPA Direct Debit Mandate**

Creditors Identifier: IE32ZZZ362430

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

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 \*

*Debtor's Name and Address	Creditors Name and Address
Name:	Return completed form to:
Address 1: Address 2: City/EIRCode: County:	Pitney Bowes Ireland Limited  Suite 8 3 Lombard Street East Dublin 2  D02 HC78  direct.debit@pb.com
*Account Number (IBAN):	
*Swift BIC:	*Type of Payment (please tick):
	Recurrent One-off Payment
*Signature(s):	Unique Mandate Reference
*Date of Signing:	
For Information Purposes only  Division: ROI / Mailing / Office Direct / Corp A	Accts / DMT
Originator's Identification number 3 6 2	4 3 0 :
Reference (Pitney Bowes Account No.)	
Case:	