

SEPA Direct Debit Mandate



Unique Mandate Reference

Unique Mandate Reference (UMR) – to be completed by **Shaun Molloy + Sons**

By signing this mandate form, you authorise (A) **Shaun Molloy + Sons Limited** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Shaun Molloy + Sons Limited**.
 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 marked *

Creditor's name S H A U N M O L L O Y + S O N S L T D

Creditor identifier I E 8 0 S D D 3 6 1 3 7 2

Creditor address K I L R A I N E

City G L E N T I E S

Post Code F 9 4 E P 6 3

County D O N E G A L

Type of payment * Recurrent payment One-off or payment

Debtor Name *

Debtor Address

City

Post Code

County

Phone

Email

Debtor account number – IBAN *

Debtor bank identifier code – BIC

Date of signature * D D M M Y Y

Signature(s)

Please sign here *

Please return this mandate to the Creditor