

## SEPA Direct Debit Mandate

Unique Mandate Reference:



Creditor Identifier: **IE49ZZZ305088**

Legal Text: By signing this mandate form, you authorise Scallan's Food Service 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 Scallan's Food Service 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 :

\*Your Address:

Address Line 1

Address Line 2

\*City/postcode

\* Country:

\*Account number (IBAN)

\*Swift BIC

Please return to:

Scallan's Food Service Ltd  
Accounts  
Whitemill Industrial Estate  
Clonard, Wexford

\*Type of payment Recurrent  **or** One-Off Payment  (Please tick v)

\*Date of signing:

\*Signature(s)