

# SEPA Direct Debit Mandate



SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) – to be completed by **PSC Accounting Services LTD T/A Peevers Slye Cotter**

By signing this mandate form, you authorise (A) **PSC Accounting Services LTD T/A Peevers Slye Cotter** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **PSC Accounting Services LTD T/A Peevers Slye Cotter**

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 P | S | C | | A | C | C | O | U | N | T | I | N | G | | S | E | R | V | I | C | E | S

L | T | D | | T | / | A | | P | E | E | V | E | R | S | | S | L | Y | E | |  
C | O | T | T | E | R | | | | | | | | | | | | | | | | | | | | | |

Creditor identifier I | E | 4 | 7 | S | D | D | 3 | 0 | 7 | 2 | 5 | 8 | | | | | | | | | | | |

Creditor address R | I | V | E | R | S | I | D | E | | H | O | U | S | E | | F | E | L | S | |  
P | O | I | N | T | | D | A | N | | S | P | R | I | N | G | | R | O | A | D | |  
T | R | A | L | E | E | | C | O | | K | E | R | R | Y | | | | | | | | | | | |

Country I | R | E | L | A | N | D | | | | | | | | | | | | | | | | | | | | | |

Type of payment \* Recurrent payment  or One-off payment

Debtor Name \* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Debtor Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
| | | | | | | | | | | | | | | | | | | | | | | | | | | |  
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

Country | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Debtor account number – IBAN \* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Debtor bank identifier code – BIC \* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date of signature \* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Signature(s)**  
\* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please sign here

# PSC Accounting Services Ltd T/A Peevers Slye Cotter

## Direct Debit Agreement

I authorise PSC Accounting Services Ltd T/A Peevers Slye Cotter to set-up a direct debit on my account to pay fees owing to PSC Accounting Services Ltd T/A Peevers Slye Cotter and PSC Company Secretarial and PSC Taxation Services.

I understand that the account as set out on the attached direct debit mandate will be debited each month on the \_\_\_\_ with the following amounts:

	Current Year	Following Year & Beyond
Month	Amount €	Amount €
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

I understand that the above amounts will only be altered by prior notice in writing

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(on behalf of PSC Accounting Services Ltd T/A Peevers Slye Cotter)