

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR)	
Name of Debtor	
Address of Debtor	
IBAN of account to be debited (International Bank Account Number)	
BIC of the Debtor Bank (Business Identifier Code)	
Creditor Identifier	
Name of Creditor	Molloy Veterinary
Address of Creditor	Unit 4, Creevaghbeg, Athlone Road, Ballymahon, Co. Longford
Type of payment	<input type="checkbox"/> Recurrent <input type="checkbox"/> One-off
Date of signing	
Signature	

Legal Text	<p><i>By signing this mandate form, "you authorise (A) Molloy Veterinary to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Molloy Veterinary. 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".</i></p>
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Instructions for the customer Return Completed Forms to: Molloy Veterinary Unit 4 Creevaghbeg, Athlone Road Ballymahon Co Longford	
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