

SEPA Direct Debit Mandate

*Unique Mandate Reference



*Creditor Identifier: IE96ZZZ111406

Legal Text: By signing this mandate form, you authorise (A) **Duggan Vet Supplies 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 **Duggan Vet Supplies 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

*Creditors Name	Duggan Vet Supplies Ltd
*Creditors Address Line 1	HolyCross
*Address Line 2	Thurles Co . Tipperary
*Country	Ireland

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

*Date of signing:

*Signature(s)

Please return this mandate to the creditor