

SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you authorise (A) Viatel Ireland 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 Viatel Ireland 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 Details

Please complete all fields marked * Note that for UK customers, full business address as recorded by your bank is required.

Your Name*														
Your Address														
City*														
Postcode*														
Country*														
Bank Details		[[1	[1	1	1		1
Your IBAN*														
Bank Identifier Code – BIC*														
													-	-
	Credit	or's Na	me		Viate	Irelan	d Limit	ed						
	Creditor Identifier				IE16SDD302578									
	Creditor Address City				Unit 1 College Business & Technology Park, Dublin 15 Blanchardstown									
	Postcode				D15 PEC4									
	Country				Ireland									
Type of Payment: R	Recurrer	nt Payn	nent 🗵	l or	On	e-off P	aymen	t 🗆						
Signature														
Please sign here*														
Date of Signature*														
Note: Your rights regarding t	he abov	ve man		re expla his mar					ou can	obtain	from	your ba	ank. Ple	ase send
Your Viatel Account Number														
Plea	ise note	that a	separa	ite DD I	Manda	te is re	quired	for ea	ch Viat	el Acco	ount.			
Your Email Address														
Your Phone Number														
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