SEPA Direct Debit Mandate

pepper advantage

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

| | | IE77ZZZ36 | 1620 | | | |
|--|--|------------------------|---------------------------------------|-----------------------|--------|--|
| Unique Mandate Reference: (to be completed by the originator) | | | Creditor Identifier (Max 18 chars) | | | |
| Please complete par return the form to:- | ts 1 to 4 to instruct your | Bank to make paym | nents directly from | your account and p | olease | |
| Pepper Asset Service | ing, PO Box 694, Shanno | n, County Clare. | | | | |
| 1. To the Manager of | Bank/Building Society/Cr | edit Union Name & Ac | ddress | | | |
| Bank or Financial Instit | ution | | | | | |
| Branch Where Accoun | t Held | | | | | |
| 2. Full Name of Accoun | nt Holder | | | | | |
| 3. Type of payment | Recurring | Date | / / | | | |
| Account Number (IBAN) (Account to be debited): | | | | | | |
| | | | | | | |
| BIC of Debtor Bank: | | | | | | |
| 4. Your instructions to the Bank/Building Society/Credit Union: I instruct and authorise you to pay Direct Debits from my account at the request of Pepper. I confirm that the amounts to be debited are variable and may be debited on various dates. I shall duly notify the Bank if I wish to cancel this instruction. I shall also so notify Pepper of such cancellation. | | | | | | |
| Authorised Signatures | | | | | | |
| City or Town in which you are signing | | | | | | |
| Date | / / | | 1 | 1 | | |
| | form, you authorise (A) | | poration (Ireland) DAG | | | |
| to send instructions to y | our bank to debit your acco | ount and (B) your bank | to debit your accour | nt in accordance with | the | |
| instruction from P | epper Finance Corporation (| Ireland) DAC (N | NAME OF CREDITOR |). | | |
| your bank. A refund mu | ou are entitled to a refund fi ist be claimed within 8 week ment that you can obtain fro | s starting from the da | | | | |