



easy payments plus

SEPA Direct Debit Mandate

Unique Mandate Reference

Validated

Unique Mandate Reference (UMR) – to be completed by FeePay Ltd

Creditor identifier: **IE83ZZZ306998**

Org ID/Account Number _____

For Office Use only

Please complete all the fields highlighted*.

Debtor name *
(Name on your account)

Debtor address
(Address of your business)

Your IBAN No# *

Please return to:

Creditors Name

FEEPAY LTD t/a EASY PAYMENTS PLUS

Creditors Address Line 1

4 Fern Road

Creditors Address Line 2

Sandyford Ind. Est

City

Dublin 18

Post code

D18PD83

Country

Ireland

Type of Payment Recurrent payment One-Off Payment

Date of signature *

Signature(s) *

By signing this mandate form, you authorise FeePay Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from FeePay 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. Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.