

SEPA Direct Debit Mandate



Unique Mandate Reference: _____

*Creditor Identifier: IE95ZZZ309110

Legal Text: By signing this mandate form, you authorise (A) Sheahan Waste Recycling Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from (Sheahan Waste Recycling 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 you 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: Sheahan Waste Recycling Limited
*Creditors Address Line 1: Galvone Industrial Estate
*Address Line 2: Roxboro
*Country: Ireland

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

*Date of signing: _____

*Signature(s) _____

**Please post the completed mandate to:
Recycle Right, Galvone Industrial Estate, Roxboro, Limerick**