

SEPA Direct Debit Mandate



*Unique Mandate Reference:

*Creditor Identifier: IE40ZZZ305735

Legal Text: By signing this mandate form, you authorise (A) Vaxholm 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 Vaxholm 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 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:

*City/postcode: * Country:

* Account number (IBAN):

*Swift BIC:

Please return completed form to: Creditors Details, Vaxholm Ltd T/a Space Storage, Ballymount House, Parkway Business Centre, Ballymount, Dublin 24, Ireland

*Type of payment Recurrent [X] or One-Off Payment

*Date of signing:

*Signature(s):

Card Authorisation

I authorise you to charge my card

Name on Card:

Card Number: Security Code:

Start Date of Card: Expiry Date of Card:

Amount € (say Euro)

Each 4 weeks until further notice.

Signed: