

SEPA Direct Debit Mandate



Unique Mandate Reference

Unique Mandate Reference (UMR) – to be completed by (Omega Pest Control)

By signing this mandate form, you authorise (A) **Omega Pest Control** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Omega Pest Control**.

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 rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name

O	M	E	G	A		P	E	S	T		C	O	N	T	R	O	L						
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Creditor identifier

I	E	2	7	S	D	D	1	1	1	3	8	7											
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Creditor address

U	N	I	T		2		A	S	H	B	O	U	R	N	E		B	U	S	I				
N	E	S	S				C	E	N	T	R	E												

Post Code

A	S	H	B	O	U	R	N	E															
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Country

M	E	A	T	H																			
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Type of payment * Recurrent payment or One-off payment

Debtor Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtor Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code

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Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtor account number – IBAN *

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Debtor bank identifier code – BIC *

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Date of signature *

D	D	M	M	Y	Y
---	---	---	---	---	---

Signature(s)

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Please sign here *

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Please return this mandate to the Creditor

Please debit this account monthly on:

- | | | | | |
|-----|------|------|------|------|
| 5th | 10th | 15th | 20th | 25th |
|-----|------|------|------|------|