

SEPA Direct Debit Mandate

Bus Éireann

*Unique Mandate Reference



*Creditor Identifier: IE84ZZZ303876

By signing this mandate form, you authorise (A) NAME OF CREDITOR to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from (NAME OF CREDITOR).

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 below marked *

*Company Name:

*Company Address:

Address Line 1

Address Line 2

*City/postcode

* Country:

* IBAN (Account number)

*SWIFT BIC

*Creditors Name: **Bus Éireann**

*Creditors Address Line 1: **DIRECT DEBITING SECTION, REVENUE CONTROL OFFICE**

*Address Line 2: **BUS EIREANN, 21 Phibsboro Road, Broadstone, Dublin 7**

*Country: **Ireland**

Queries to :- accounts@buseireann.ie

*Type of payment Recurrent (Please tick ✓)

*Date of signing:

*Signature(s)

Please return this mandate to **Bus Éireann** and **not your bank**