



SEPA Direct Debit Mandate

By signing this mandate form, you authorise:

(A) Munster Wireless Limited to send instructions to your bank to debit your account and

(B) your bank to debit your account in accordance with the instructions from Munster Wireless 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 your account was debited.

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

Please complete all fields mark	ed *
Creditor's Name:	Munster Wireless Limited
Creditor Identifier:	IE275DD361065
Creditor Address:	1 Bridge Street Cahir Tipperary Ireland
VAT Number:	6416019R
Type of Payment:	* Recurrent payment or One-off Payment
Package:	* Home or Business
Debtor Name:	*
Company Name:	*
Debtor Address:	
City:	
Post Code:	
Country:	
Phone:	*
Email:	*
Debtor Account Number - IBAN:	*
Debtor Account Title:	*
Date of Signature (DD-MM-YY):	*
Signature(s) Please sign here:	*
Please return this mandate to the Creditor	
Unique Mandate Reference: (office use only):	
Please return this mandate to the Creditor	