



## SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you authorise (A) Viatel Ireland 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 Viatel Ireland 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 Details

Please complete all fields marked \*

Note that for UK customers, full business address as recorded by your bank is required.

Your Name\*

Your Address

City\*

Postcode\*

Country\*

### Bank Details

Your IBAN\*

Bank Identifier Code –  
BIC\*


Creditor's Name	Viatel Ireland Limited
Creditor Identifier	IE16SDD302578
Creditor Address	5 Beckett Way, Cherry Orchard, Park West Business Park
City	Dublin 12
Postcode	D12 PD62
Country	Ireland

Type of Payment:      Recurrent Payment ☒    or    One-off Payment ☐

### Signature

Please sign here\*

Date of Signature\*

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please send this mandate to the creditor.

Your Viatel Account Number

Please note that a separate DD Mandate is required for each Viatel Account.

Your Email Address

Your Phone Number

Return by email to: [care@viatel.com](mailto:care@viatel.com). For queries call: 1890 930 549