## **SEPA Direct Debit Mandate**

**IFTA Acadamy Ltd** 

Unique Mandate Reference (UMR) - to be completed by IFTA Acadamy Ltd

By signing this mandate form, you authorise (A) IFTA Acadamy Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from IFTA Acadamy 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 marked*.	
Your Name *	
Your Address City / Post Code	
Your Country	
Your IBAN *	
Your BIC	
Creditor Name*	IFTA Acadamy Ltd
Creditor Identifer*	[E53ZZZ309187
Creditor Address *	32 Lower Leeson Street  Dublin 2
Creditor Country *	Ireland
Type of Payment*	Recurrent Payment or One-Off Payment
	Date of Signature * Day Month Year
	Signature(s)
Please sign here *	
Please return this mandate to:	
IFTA Acadamy Ltd 32 Lower Leeson Stre Dublin 2	et
Ireland	
Creditor's use only	