



SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference (UMR):

By signing this Mandate Form, you authorise **Hall Alarms Ltd** to send instructions to your bank to debit your account and you authorise your bank to debit your account in accordance with the instructions from **Hall Alarms 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 your account was debited.

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

Please complete all the fields marked* (asterisk)

Please return the completed mandate to Hall Alarms Ltd

Customer Name *

Customer Address Line 1 *

Customer Address Line 2 *

Town/City *

County *

Country *

Name on Bank Account *

Branch Address *

Customer Bank Account No (IBAN) *

Customer Bank Identifier Code (BIC) *

Creditor Name

Creditor Address

Creditor Address

Creditor Address

Creditor Identifier

Type of Payment Recurrent * Or Once Off *

Date of Signature *

Signature (s) *