SEPA Mandate for European Direct Debit

By signing this mandate form, you give permission to the creditor to send an order to your bank to debit your account and permission to your bank to debit your account in accordance with the order of the creditor.

You are entitled to reimbursement by your bank according to the conditions laid down in your agreement with the bank. All claims for reimbursement must be submitted within 8 weeks following the date on which the amount was debited from your account.

Your rights with regard to this mandate are laid down in a document that you can obtain from your bank.

All fields below are required :

The undersigned,

Name debtor : .....

Street and No. : .....

Postal code and town/city : .....

Country : .....

IBAN account number and BIC-code :

IBAN

BIC

No. underlying contract : .....

Date (day/month/year) : ..... / ..... / ..... Location : .....

Signature

To be completed by the creditor :

Reference mandate *(Maximum 35 characters)* : .....

Subject of the mandate : .....

Type of collection *(only 1 choice allowed)* :

- ☐ One-off collection **(this mandate can only be used for one payment)**
- ☐ Recurring collection **(this mandate can be used for recurring payments)**

The mandate must be returned to the creditor.

Warning: this is a translation and not an official document.
The documents will only be considered official when signed and returned to Partena Compass in one of the 3 national languages (Dutch, French or German).