

SEPA Direct Debit Mandate



***Creditor Identifier: IE54ZZZ304416**

Legal Text: By signing this mandate form, you authorise (A) Hireco to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Hireco. 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 below marked *

*Your Name:

Limited

Bank Name:
and Address:

City/Postcode

County

* Account number (IBAN)

*Swift BIC

Hireco

Hireco Dublin Limited, Fishery Lane, Naas Industrial Estate, Naas, Co Kildare, W91 FW64.

*Type of payment Recurrent or One-Off Payment (Please tick ✓)

*Date of signing:

*Signature(s)

Please return this mandate to HIRECO
Please print this form, complete the details and sign and either scan and email to
creditcontrol@hireco.ie or 2. fax to 01 855 4362