

SEPA Direct Debit Mandate

Unique Mandate Reference



Waterlogic Hydration Services Ltd
Ref. Number

Creditor Identifier: **IE16ZZZ302869**

Legal Text: By signing this mandate form, you authorise (A) Waterlogic Hydration Services Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Waterlogic Hydration Services 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 that you can obtain from your bank.

Please complete all the fields below marked *

:

Customer

Your Address:

Address Line 1 _____

Address Line 2 _____

*City/postcode

* Country:

*

Account number (IBAN)

*Swift BIC

Creditors Name	Waterlogic Hydration Services Ltd
Creditors Address	Unit C1 Merrywell Business Park Ballymount Road Lower Dublin 12 Ireland

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

*Date of signing:

*Signature(s)

Please return this mandate to the creditor