SEPA DIRECT DEBIT MANDATE

Address: 20 Harcourt ST Dublin 2, D02 H364. Ireland PHONE: 1-960-9690, customerservice@glowpower.ie WEBSITE: www.glowpower.ie

(Please return this mandate to Glowpower and not to the Bank)

Glow power Account Number (You will find this on the top right of your bill)

Bank Account Holder's Name

Company Name

Company Address	
City / Town	
County	

Please complete all fields marked *

Glowpower Identifier: IE89ZZZ302622

Unique Mandate Reference:

*Your IBAN:

*Your BIC:

By signing this mandate form, you authorise (A) Glowpower to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Glow Power. 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.

Signed by or on behalf of the customer:_____ Date: _____