Please Complete all fields below marked \*

Then return this form to:

**Creditor’s Name & Address**

Exomex (Ireland) Ltd. Please Tick Type of Payment:

|  |  |
| --- | --- |
| One Off | Recurrent |
|  | X |

T/A Ace Environmental Ltd,

SUU 1-4 Clermont Business Park,

Haggardstown, Dundalk, Co. Louth

**Creditor Identifier: IE43ZZZ305681**

## Unique Mandate Reference:

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|  |  |
| --- | --- |
| Address Line 1 | |
| Address Line 2 | |
| County: | Country: IRELAND |

**\*Your**

**Name:**

**\*Your**

**Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**\*IBAN:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**\*Swift BIC:**

|  |
| --- |
|  |

**\*Bank Name:**

**\*Bank Address:**

**\*Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this mandate form, you authorise (A) Ace Environmental 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 Ace Environmental 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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

**\*Please circle which frequency for your direct debit: Annual 6 Monthly Quarterly Monthly**

**\*Your Ace Environmental Account Number:**

**\*Contact Number:**