

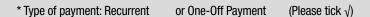
Change of bank details - Ireland

All fields must be completed in full by the Authorised Signatory. Please fill in the Direct Debit form below which forms part of the change of bank details.

About your bus	iness					1
MID number						
Ownership Type	Sole Trader Limited Liability Partnership	Partnership; No. of P ership Charity			Private Limited Company Other (please specify):	Public Limited Company
Trading (DBA) name						
Phone number	Mobile number		Email			
Bank account d	letails					2
Existing bank	account details					
Bank name				Account name (must match Trading DBA/Legal name)		
Sort code	Account num	Account number		AN	SWIFT/BIC	Code
New bank acc	count details					
Bank name				nt name tch Trading DBA/Legal n	ame)	
Sort code	Account num	number		AN	SWIFT/BIC	Code
New bank account details to be used for		Funding (Payments credited into you bank account)		Amend to Billing/Chargeback (Payments to be debited from your bank account)		All
Proof of bank a	ccount details					3
Proof of bank acc Voided cheque Bank statemen Letter from the 2) Photo ID with sign	eank account details, you'll need to count - this can be a photocopy, e at dated within last 3 months (this bank nature - Passport or driver's licen Debit form (on next page)	mail scan or a photo o	of one of the foll			veb address)
Signature						4
Authorised signature	e (Please sign the form before su	omission) Full Nar	ne & Title (Pleas	se complete in cap	ital letters)	
		Position	n in company (D	irector/Partner/Ow	rner)	
Please send th	ne completed change of b	ank details form	, Direct Deb	it form and pr	oof of bank details	documents to:

Post: Document Management & Services, Elavon Merchant Services, PO Box 56, Arklow Business Park, Arklow, Co. Wicklow Email: mfm@elavon.com

Set up Direct Debit Please complete all the fields below marked * in block capitals using a ball point pen. Do not staple forms together. Please return with your completed application form. Creditor Identifier: IE22ZZZ304604 UMR: By signing this mandate form, you authorise (A) Elavon Financial Services DAC to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Elavon Financial Services DAC. 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. * Name(s) of Account Holder(s): * Your Address Address Lline 1: Address Lline 2: * City/postcode * Country * IBAN * Swift/BIC Creditors Name: Elavon Financial Services DAC Building 8, Cherrywood Creditors Address Line: Business Park Loughlinstown, Address Line 2: County Dublin Ireland Country:



* Date of signing:

* Signature(s):

