

GoCardless

338-346 Goswell Road, London,
EC1V 7LQ

SEPA Direct Debit Mandate

Name of account holder

Creditor Identifier

GB27ZZZSDDBARC0000007495895

International Bank Account Number (IBAN)

Reference (for office use)

Bank Identifier Code (BIC)

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

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.

Signature

Date

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.