direct debit mandate

meteor™

Reference number | | | | | | | | |

Customer details

Meteor Mobile Communications Ltd identification number: 3 0 2 5 3 2

Title _____ First name _____ Surname _____

Current address _____

_____

Mobile number | | | | | | | | | |

Please fill out only the section below that is relevant to your method of payment.

Bank Direct Debit

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account.
Then return the form to: Meteor Mobile Communications Ltd, PO Box 8056, Tallaght, Dublin 24.
Tel: +353 1 430 7000 Fax: +353 1 430 7010 Email: info@meteor.ie Web: www.meteor.ie Call us free on 1905

1. Please write the name and full postal address of your bank and branch _____

_____

_____

2. Name of account holder(s) _____

3. Sort code | | – | | – | | Account number | | | | | | | |

4. Instructions to the bank, and signature:
I instruct you to pay direct debits from my account at the request of Meteor Mobile Communications Ltd.
The amounts are variable and may be debited on various dates.
I understand that Meteor Mobile Communications Ltd may change the amounts and dates only after giving me prior notice.
I will inform the bank in writing if I wish to cancel this instruction.
I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.
Please note that banks may decline to accept instructions to charge direct debits to certain types of accounts.

Signature(s) _____

_____ **Date** _____

Credit Card Direct Debit Mandate

Mastercard ☐ Visa ☐ Card number | | | | – | | | | | – | | | | | – | | | | |

Authorisation code | | | Card issuer _____

Expiry date | | – | | Cardholder's name _____

I authorise you until further notice in writing to charge my/our account with variable amount direct debits on various dates at the request of Meteor Mobile Communications Ltd. I will inform the bank in writing if I wish to cancel this instruction.

Signature _____