

# How to complete your SEPA Direct Debit Mandate:

Note: All fields marked with \* are required fields . Please complete in **Black Pen**

Please send the mandate to: Volkswagen Financial Services Ireland Limited, Block C, Liffey Valley Office Campus, D 22.

Alternatively you can scan and email the completed mandate to query@vwfs.com

## SEPA Direct Debit Mandate

### Volkswagen Financial Services Ireland Direct Debit Instruction

Agreement Number\* 353000123456

Registration Number\* 151D999999

#### (A) Legal Disclaimer:

Legal text: by signing this mandate form, you authorise:

(A) Volkswagen Financial Services to send instructions to your bank to debit your account and

(B) Your bank to debit your account in accordance with the instruction from Volkswagen Financial Services Ireland 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 your account was debited. Your rights are explained in a statement that you can obtain from your bank

Where applicable please complete all fields below marked \*

Name of the Debtor 1\*

Mary Smith

Address of the Debtor 1\*

Main Street,

Kilkenny

Name of the Debtor 2\*

John Kelly

Address of the Debtor 2\*

Main Street,

Kilkenny

Country

Ireland

Bank Account Holder Name\*

John Kelly & Mary Smith (As per bank statement)

Debtor's IBAN (must be a current account) \*

As per your current account statement

BIC code\*

As per your current account statement

Creditor company name

Volkswagen Financial Services Ireland Limited

Creditor's identifier

DE12IRL00002060421

Creditor's address street and number

Block C, Liffey Valley Office Campus

Creditor's postal code and city

Dublin 22 , D22CF60

Country of the Creditor

Ireland

Type of payment

Recurring Y Single       

Date Signed\*

Date of signing this mandate

Place Signed\*

Main Street, Kilkenny

Signature \*

John Kelly

Joint Account Signature (If required)\*

Mary Smith

Please Note: The below section marked with an \* needs to be filled in on all Direct Debit Mandates. Failure to do so could result in the form being returned for completion

#### B Hirer to confirm the below (please tick) \*

Single Account

Are two people named on the bank account?

Joint Account

If Joint account, please continue to **section C**

#### C Applicable for Joint accounts only

Is more than one signature required?

No, please sign here to confirm

If Yes, please have joint account holder sign the mandate above and provide Certified Photo Identification.

Please note: the agreement holder must be named on the bank account provided. The ID may be certified by any of our Dealerships, Gardai, Solicitors, or a Notary Public. If the bank account surname differs to the name on the signed agreement, please provide a certified copy of marriage cert or a certified copy of ID in the name as per agreement.

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## Volkswagen Financial Services Ireland Limited Direct Debit Instruction

Agreement Number \_\_\_\_\_

Registration Number \_\_\_\_\_

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**Where applicable please complete all fields below marked \***

<b>Name of the Debtor 1*</b>	<input type="text"/>
<b>Address of the Debtor 1*</b>	<input type="text"/>
<b>Name of the Debtor 2*</b>	<input type="text"/>
<b>Address of the Debtor 2*</b>	<input type="text"/>
Country	<input type="text" value="Ireland"/>
<b>Bank Account Holder Name*</b>	<input type="text"/>
<b>Debtor's IBAN (must be a current account) *</b>	<input type="text"/>
<b>BIC code*</b>	<input type="text"/>
Creditor company name	<input type="text" value="Volkswagen Financial Services Ireland Limited"/>
Creditor's identifier	<input type="text" value="DE12IRL00002060421"/>
Creditor's address street and number	<input type="text" value="Block C, Liffey Valley Office Campus"/>
Creditor's postal code and city	<input type="text" value="Dublin 22 , D22CF60"/>
Country of the Creditor	<input type="text" value="Ireland"/>
Type of payment	<input type="text" value="Recurring &lt;u&gt;  Y  &lt;/u&gt; Single &lt;u&gt;      &lt;/u&gt;"/>
<b>Date Signed*</b>	<input type="text"/>
<b>Place Signed*</b>	<input type="text"/>
<b>Signature *</b>	<input type="text"/>
<b>Joint Account Signature (If required)*</b>	<input type="text"/>

### B Hirer to confirm the below (please tick) \*

- Single Account
- Joint Account  (If Joint account, please continue to section C)

### C Applicable for Joint accounts only

Is more than one signature required?

**No**, please sign here to confirm

**If Yes**, please have joint account holder sign the mandate above and provide Certified Photo Identification.

Please note: the agreement holder must be named on the bank account provided. The ID may be certified by any of our Dealerships, Gardai, Solicitors, or a Notary Public. If the bank account surname differs to the name on the signed agreement, please provide a certified copy of marriage cert or a certified copy of ID in the name as per agreement.