SEPA Direct Debit Mandate

Mandate reference - to be completed by the creditor

By signing this mandate form, you authorise Valero Marketing Ireland Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Valero Marketing Ireland Limited. 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.

Please complete all the fields marked *.

Your name *

Name of the Debitor

Your address *

Street name and number

*

Postal Code City

*

Country

Your account number *

Account number - IBAN

*

SWIFT BIC

Creditor's name Valero Marketing Ireland Limited

Creditor Identifier IE42SDD301334

Creditor Address 1st Floor Block B Liffey Valley Office Campus
Quarryvale, DUBLIN 22
Ireland

Type of payment * Recurrent payment ☐ or One-off payment ☐

City or town in which you are signing

Location

Date *

D D M M Y Y

Signature(s)

Please sign here *

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

Please return to:
Credit Manager
Valero Marketing Ireland Limited
1st Floor Block B
Liffey Valley Office Campus
Quarryvale, DUBLIN 22

Creditor's use only