

SEPA Direct Debit Mandate Form

Level 6, Skyparks
Business Centre,
Malta International Airport,
Luqa, LQA 4000, Malta

Creditor Identifier:
MT92ZZZ012135215T



Bank _____ Branch _____

Branch Address _____

IBAN _____

BIC _____ Sort Code _____

I/We wish to pay by: Recurring Payment
I authorise you to debit my account with unspecified amounts.

_____ or _____
Mobile Number or Customer Code

I have read, understood and accepted the terms and conditions stated overleaf.

_____ I.D. Card No. _____
Name

Signature Date

To be completed if Bank Account holder is different to above.

_____ I.D. Card No. _____
Name

Signature Date

For Office Use Only

Billing Account Numbers Serial No.

SEPA Direct Debit Mandate Terms & Conditions



1. By signing this Mandate Form (the 'Form'), I/ We grant Epic Communications Limited ('Epic') a Direct Debit Mandate (the 'Mandate'). I/We authorize Epic to send a request/s to my/our bank ('Bank') and authorize such Bank to effect a direct debit from my/our Bank account as detailed above and to credit Epic in accordance with the respective request.
2. Standard SEPA DDM regulations shall apply as from the 1st of February 2014. Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.
3. I/we have the right to request a refund from my/our bank according to the conditions specified in my/our agreement with it. All refund requests must be submitted within eight (8) weeks of the date on which my/our account was debited.
4. I/We understand that the Bank may terminate this Mandate at its sole discretion by advising me/us and Epic in writing.
5. I/We understand that Epic may terminate this Mandate at its sole discretion by advising me/us and the Bank in writing.
6. Should I/We wish to cancel this Mandate, I/We shall inform the Bank and Epic in writing thirty (30) days prior to the intended termination date.
7. I/We understand that I/we shall be solely responsible for providing correct and accurate information to Epic, including but not limited to IBAN number. Should there be any change to said information, I/We shall inform Epic within three (3) working days from such change.
8. I/We fully undertake to keep the Bank harmless and fully indemnified against any liability, loss or damage the Bank may incur for any reason which is beyond the Bank's control in consequence of making this facility available.
9. I/We fully undertake to keep Epic harmless and fully indemnified against any liability, loss or damage that Epic may incur for any reason which is beyond Epic's control in relation to this facility.
10. I/We understand that my/our account shall at all times be required to have sufficient funds to satisfy the request made by Epic in accordance with these terms and conditions, the Mandate and the Form and where the Bank refuses the Direct Debit instructions as a result of insufficient funds, I/we understand that Epic may suspend the service and/or impose a penalty charge for such reversal in accordance with Epic's applicable terms and conditions. Provided that the said penalty charge shall not exceed the amount so reversed.
11. This Form should be signed by all the account holders irrespective of any other instructions given to the Bank for the operation of the Customer Bank Account (number specified above). This Mandate is granted by me/us in relation to the Epic 'Billing Account Numbers' indicated above.

Epic hereby declares that the personal information that it is collecting in this Form shall only be used in relation to the purposes stated herein and in accordance with Epic's Privacy Policy (which can be found in full on: www.epic.com.mt/privacypolicy or in any Epic store). For more information on how Epic collects, uses and shares personal information including your data protection rights please see our Privacy Policy. In case of queries, please get in touch by visiting any Epic store.