



## DIRECT DEBIT MANDATE (SEPA)

Mandate's No: ..... (Internal use only)

By signing this mandate, you are authorising **(a) Dromolaxia-Meneou Municipality**, to send Instructions for Debiting your Bank Account with the corresponding amount that you owe to the Municipality and **(b) your Banking Institution**, to debit your Bank Account, under Dromolaxia - Meneou Municipality's instructions.

You have the right to request a refund from your Banking Institution under the terms and conditions established by the agreement of your partnership with your Banking Institution. Any refund of money should be requested within 8 weeks from the day your account is debited.

Please fill all fields.

Name & Surname:

Address:

Postal code:

Region:

Town/City:

Country:

Account Number - IBAN

SWIFT BIC

Name of Beneficiary Organization:

DROMOLAXIA-MENEYOU MUNICIPALITY

Identification of Beneficiary:

CY60ZZZ0105

Beneficiary's Address:

10 Eleftherias, 7020, Dromolaxia, Larnaca

Way of payments:

Repeated Payment

Single Payment

Location:

Date:

Signature

Tax Serial Number

Name & Surname Taxpayer (As it is shown in Municipality's Bills)

Tax Payer's I.D:

Please to return it in:

Dromolaxia - Meneou Municipality,  
10 Eleftherias, 7020 Dromolaxia, Larnaca

For Internal use only:

Stamps Payable