

SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference (RUM) : DDLB

Do not complete this

Identity of the payer, Account owner :

Surname Name

Address

Post code Town/City Country

Bank details - Designation of the account to be debited

IBAN

BIC

Designation of the Creditor SAS Etang de la Brèche
5, impasse de la Brèche - 49730 Varennes-sur-Loire
Identifiant Créancier SEPA : FR35ZZZ851816

By signing this SEPA Direct Debit Mandate form, you authorize (A) - SAS Etang de la Brèche - to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions of SAS Etang de la Brèche. You have the right to be reimbursed by your bank under the conditions described in the agreement you have entered into with it. Any refund request must be submitted within 8 weeks of the debit date from your account.

NB: Your rights regarding this SEPA Direct Debit Mandate are explained in a document that you can obtain from your bank.

Completed in

Please write your location (town/city)

Date

Signature :