



SEPA Direct Debit Mandate

Creditor Identifier **REVELATIONFO**

Creditor's Name **Revelation Foundation**
Address **PO Box 16833**
 SUTTON COLDFIELD

Post Code **B73 9XD**
Country **United Kingdom**

By signing this mandate form, you authorize Revelation Foundation to send instructions to your payment service provider to debit your account in accordance with the instructions from Revelation Foundation.

As part of your rights you are entitled to a refund from your payment service provider under the terms and conditions of your agreement with your payment service provider. A refund must be claimed within 8 weeks starting from the date on which your account is debited.

Please complete all the fields below

Your Name	
Address	
City / Post Code	
Country	
Phone Number	
Email Address	
Account No. (IBAN)	
Monthly Amount	€
Debit date	3 rd or 18 th of the month
Please sign here	
Date	

Please return this mandate form to Revelation Foundation
PO Box 16833, Sutton Coldfield, B73 9XD, United Kingdom (NOT YOUR BANK)
Thank you