MONEY ADVICE

Details of Account to be Debited

BIC | | | | | | | | |

IBAN | | | | | | | | | | | | | | | | | | | | | |

Bank: _____ Branch: _____

Customer Name:

Payment Frequency Details

Frequency: **MONTHLY**

Date First Payment: _____

Date First Regular Payment: _____

Amount

First: €

Regular: €

Amount in Words:

Payee (Beneficiary) Details

BIC | B | O | F | I | I | E | 2 | D |

IBAN | I | E | 3 | 0 | B | O | F | I | 9 | 0 | 4 | 2 | 1 | 0 | 9 | 0 | 3 | 5 | 8 | 5 | 1 | 5 |

Bank: Bank of Ireland

Branch: Bank Place, Ennis, Co Clare

Name of Beneficiary: Money Advice - Lunar Technologies Ltd

Reference Number/Name:

Special Instructions (if any):

Please debit, my/our account number and pay, on the dates specified above, the amount(s) specified above for credit of the account specified above, until you receive further notice from me/us in writing. I understand that charges, as detailed in the Bank's Charges brochure and which will change from time to time, will apply to each payment made on foot of this mandate and will be debited from my/our account in addition to the figure(s) quoted above.
I/we note that the Bank will not undertake to:

(i) make any reference to Value Added Tax or other indeterminate element.
(ii) advise payer's address to beneficiary
(iii) advise beneficiary of inability to pay
(iv) request beneficiary's banker to advise beneficiary or receipt
(v)

Signature(s) _____

_____ Date: ____/____/____