

# Addendum IBAN change



## SEPA Direct Debit Mandate

Mandate reference \_\_\_\_\_ (to be completed by the creditor)

Creditor's name	Bancontact Payconiq Company NV
Address	Aarlenstraat 82, 1040 Brussel, België
Creditor identifier	BE20ZZZ0675984882
Mandate reference	Bancontact Payconiq Company NV will notify merchant of the authorization number as soon as it is known.
Type of payment	Recurrent payment

By signing this mandate form, you authorize (A) Bancontact Payconiq Company NV to send an instruction to your bank to debit an amount from your account and (B) your bank to debit an amount from your account in accordance with Bancontact Payconiq Company NV's instruction.

You can have a European direct debit refunded. Ask your bank about the conditions. A refund request must be submitted within 8 weeks from the date of debiting the amount from your account.

Statutory name \_\_\_\_\_

Street \_\_\_\_\_

House number & box \_\_\_\_\_

Postal code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

IBAN \_\_\_\_\_

Note: You can get information from your bank about your rights regarding this mandate.

## Signature

Client

Signature(s) and full name(s) :

*Please sign with as many authorized persons as required in the statutes*

\_\_\_\_\_  
1. Signature, name, date

\_\_\_\_\_  
2. Signature, name, date

\_\_\_\_\_  
3. Signature, name, date

\_\_\_\_\_  
4. Signature, name, date