**REQUEST FOR SEPA DIRECT DEBIT REFUND**

Date: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

To

The Cyprus Development Bank Public Company Ltd (“the Bank”)

|  |  |
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| **Α.1 REFUND CATEGORY (select Ι or ΙΙ)** | |
| **(Ι)** Refund of an **authorized** direct debit  (within 8 weeks from payment date of the direct debit)  **(ΙΙ)** Refund of an **unauthorized** direct debit  (after 8 weeks and up to 13 months from payment date of the direct debit) | |
| **Α.2 REASON FOR REFUND (mandatory if category ΙΙ in Α.1 is selected)** | |
| The SEPA Direct Debit with the Beneficiary-Creditor has been cancelled  No Mandate for SEPA Direct Debit was signed | |
| Other Reasons / Additional Information: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Β. APPLICANT-ACCOUNT OWNER INFORMATION** | | | |
| **Name:** | | | |
| **Identity Card/Passport/**  **Registration No.:** | | | **CIF Account Owner Νο.:** |
| **Address:** | | | |
| **Telephone:** | **Fax:** | **Electronic Address**  **(email):** | |

|  |  |
| --- | --- |
| **C. DIRECT DEBIT INFORMATION** | |
| **1. Mandate Reference** |  |
| **2. Beneficiary-Creditor Name and Creditor ID** |  |
| **3. Transaction Code** |  |
| **4. Direct Debit amount** | ***€*** |
| **5. Date of direct debit payment** |  |
| 6. ΙΒΑΝ of the account of the applicant that was charged with the amount of the direct debit *(that should be credited with the refund)* |  |

I/We hereby request refund of the SEPA Direct Debit payment, the details of which are stated in section C above.

I/We accept that:

a) the refund of the above mentioned amount (C.4) will be processed by crediting my/our above account (C.6), the latest within 2 working days (for authorized direct debit) and within 30 calendar days (for unauthorized direct debit) from the date of receipt of this application by the Bank,

b) any amount collected as commission for the execution of the direct debit is not refundable, as minimum operational cost of the Bank,

c) the present application does not constitute a revocation of the mandate I/we have provided to the above mentioned (C.2) Beneficiary-Creditor for the execution of SEPA Direct Debits from my/our above account (C.6).

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| **D. SIGNATURES** |
| …………………………………….…… …………………………  Applicant-Account Owner Signature Date |

|  |  |
| --- | --- |
| **FOR BANK’S INTERNAL USE** | |
| Input by: |  |
| Name: ................................................................................................ | Date: …………………… |
| Signature: ……………………………………………. |  |
| Checked by: |  |
| Name: ................................................................................................ | Date: …………………… |
| Signature: ……………………………………………. |  |