



Unique Mandate Reference

Creditor Identifier

IE35ZZZ306504

## Instructions to your Bank or Building Society to pay by Direct Debit

Please complete all fields numbered 1, 2, 3 and 4 below, and email to **IEAccounts@henryschein.com** Unfortunately, we are unable to action the setup of your Direct Debit if any of these fields are left blank.

To: The Manager											Bank/Building Society														
Address																									
																				Pos	tco	de_			
Your mean	•	•																							
Account no	ımber	(IBA	N)								Τ								Τ						
Swift BIC																							l		
																	Go								
Your Henry 2 1	Sche	in Ire	eland	d acc	our	nt nu	mbe	r				so	we	are	nov	v ab	le to	em	nail	you	ır in	voi	ices	s, sta	possil atemei <b>s</b> on ye
		-																-			_	_	-		ss belo
												Em	ail a	ddre	ess f	or in	voice	es ar	nd s	state	eme	nts	:		
Signature(s)										Email address for order confirmations:															
															,	_									ces.*
Date												* To	contin	ue rec	eiving	j invoi	ces by	post,	pleas	se lea	ve the	se fi	ields	blank (	your acco

Banks and Building Societies may not accept Direct Debit instructions for certain accounts

## This guarantee should be retained by the Payer

## **Important Information**

By signing this mandate form, you authorise HENRY SCHEIN IRELAND LTD to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from HENRY SCHEIN IRELAND LTD

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

