EBS d.a.c. 10 Molesworth Street, Dublin 2, D02 R126 Telephone

Facsimile

Web www.ebs.ie Email

info@mail.ebs.ie



01 665 9000 01 874 7416

Payment from EBS Account Recall Request Form

Request to Refund a Credit To (A) CUSTOMER DETAILS Customer Name:	ransfer payment with th	ne following details:	
EBS IBAN:			
(B) PAYMENT DETAILS			
Date Payment Debited from the Amount of Payment: Beneficiary Name: Beneficiary IBAN:	ne Account:		
Payment End to End ID Number (To be Inserted by Payment Operations. Not available in EBS Office).			
(C) ANY OTHER ADDITIONAL INFORMATION			
Pease confirm the details above are correct Note: If the information provided above is incorrect EBS cannot process this request.			
Signature(s):			Date:/
Signature(s):			Date:/
DATA PROTECTION For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in our EBS Offices or online at www.ebs.ie/dataprotection. It may change from time to time. FOR OFFICE USE ONLY:			
Reason for Refund Request:			
Incorrect Amount Sent Incorrect Beneficiary Customer Request			
Cashier I.D. Code: Branch Source Code:			Office Stamp
Mandate Applied By: Checked by:			Office Stamp
Staff Signature:			
Terms and Conditions Apply.			