

SEPA direct debit mandate

**To be completed by the creditor**

Mandate reference: \_\_\_\_\_

Creditor Identifier: \_\_\_\_\_

Name of the creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

By signing this direct debit order, the debtor authorises:

- 1) The creditor to send instructions to the debtor's entity to adjust its account.
- 2) The entity to debit its account following the creditor's instructions. 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 eight 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.

**To be completed by the holder of the charge**

Holder of the charge account: Tax

ID code (NIF/CIF): \_\_\_\_\_ Contract number: \_\_\_\_\_

Debtor's address:

Number: \_\_\_\_\_ Street door: \_\_\_\_\_ Stairway: \_\_\_\_\_ Flat: \_\_\_\_\_ Door: \_\_\_\_\_ Postcode: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Country of debtor: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of payment:  Recurring payment or  Single payment

Start date: \_\_\_\_\_

Town/City: \_\_\_\_\_

Signature of the account holder

All fields must be filled in.

Once this mandate has been signed, it must be sent to the creditor for safekeeping.

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## cancellation notice

Cancellation notice

**Send only if you would like to cancel this contract**

If you wish to exercise your right to withdraw from and cancel this contract, in accordance with the provisions set forth in Royal Decree 1/2007 of 16 November and within the legal period of 14 calendar days from the signing hereof or from the contracting by telephone, you may send this cancellation notice to us, thereby confirming your desire to cancel this contract, to: Gas Natural Redes GLP, S.A., Avenida San Luis, nº 77, 28033-Madrid or by calling our freephone number 900510511.

 Yes, I want to cancel this LPG supply contract.

In \_\_\_\_\_, on [date]\_\_\_\_\_[month]\_\_\_\_\_20\_\_\_\_\_

Signature: \_\_\_\_\_

Name and surnames: \_\_\_\_\_

National ID Doc. No.: \_\_\_\_\_

Address linked to the contract that you want to cancel: \_\_\_\_\_

FP.00375.ES-FO.20 Ed.1