

LogMeIn Ireland Ltd

Germany

SEPA

Direct Debit

Mandate

Authorization Agreement for Preauthorized Payments

Customer Name _____ **Customer Account Number** _____

By signing this mandate form, you authorize (A) LogMeIn Ireland Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from LogMeIn 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.

Account Number (IBAN) _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ | _ _ _ _ | _ _

Bank Name: _____ Swift BIC : _____ | _____

Business Checking/Savings Account

Personal Checking/Savings Account

Type of Payment	<input checked="" type="checkbox"/> Recurrent payment
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The authorization is to remain in full force and effect until LogMeIn Ireland Ltd has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LogMeIn Ireland Ltd and the Bank a reasonable opportunity to act on it.

Name(s) _____ (Please Print)

Title(s) _____ (Please Print)

Date _____

Signature(s) _____

PLEASE SUBMIT THIS FORM USING THE INSTRUCTIONS ON OUR BILLING WEBSITE

LogMeIn Ireland Ltd

Creditor Identifier: **GB38CODSDDCHAS00000041317113**