

LogMeIn Ireland Ltd

SEPA Direct Debit Instruction

National Issuer No.

414 003

Surname, Forename and Address of the Debtor

Name and Address of the Creditor

LogMeIn Ireland Ltd
Creditor ID: **GB38CODSDCHAS0 0000041317113**
Bloodstone Building Block C
70 Sir John Rogerson's Quay
Dublin 2, Ireland

LogMeIn Account Number:

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

Bank Name: _____ Swift BIC : _ _ _ _ _ _ _ _ | _ _

By signing this mandate form, you authorise (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

I authorise the establishment holding my account to debit from the latter, if the situation allows, all the debits ordered by the creditor identified below: _____

In the event of a dispute concerning a debit, I may suspend its execution by a simple request to the establishment holding my account.

I will settle the difference directly with the creditor.

This _____ (day) _____ of _____ (month) _____ (year)

Signature: _____

The information contained in this application will only be used for the purposes of this instruction and the debtor may exercise their individual right to access this information from the creditor at the address above, in accordance with the Decision No. 04/01/80 80-10 of the Data Protection Commission. **PLEASE SUBMIT THIS FORM USING THE INSTRUCTIONS ON OUR BILLING WEBSITE.:**