

CitiDirect BE®

Mandate configuration for the Debtor of the SEPA Direct Debit

The hereby configuration form determines the entitlements of the Users to manage the Debtor mandates related to performing transactions within the scope of the SEPA Direct Debit product in the B2B scheme. The integral part of the SEPA Direct Debit product agreement are as follows: the completed and signed SEPA Direct Debit mandate, Bank Account Agreement, General Terms and Conditions of Co-operation with Clients and the Authorization to debit the Account in the process of SEPA Direct Debit.

Validate

Clear

1. Account Holder Data

Account Holder's Name _____

Client's Profile Name in CitiDirect _____

(Profile where the requested changes will be made - name of the Profile displays at the top of the screen after login to the system)

2. Contact person

Contact person who the Bank will contact, also via telephone, in case of doubts regarding the correctness of the completion of the hereby form. The Account holder grants the above-mentioned person the power of attorney to introduce essential changes necessary for its implementation, provided that the changes in question do not alter its content in a significant way.

Full Name _____

Telephone number _____

Email _____



Signature(s) of authorized persons, in accordance with the Account Holer's representation / power of attorney

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3. Authorization scheme

Please enter account numbers which will be changed

- ☐ Checking this option will result in deletion of all earlier SEPA settings in scope of the Accounts specified in Table 3 on the hereby form.
WARNING !: If you select this option, the entitlements related to the Accounts in section 3 will be removed also for the Users who are not specified on this form.

	Accounts (added or modified)	Account configuration		Authorization scheme		
		Scheme change <i>(for new accounts or in case of changes)</i>	Scheme without change <i>(for leaving previous account settings)</i>	1 - one level	2 - two levels	By Release
1.		☐	☐	☐	☐	☐
2.		☐	☐	☐	☐	☐
3.		☐	☐	☐	☐	☐
4.		☐	☐	☐	☐	☐
5.		☐	☐	☐	☐	☐
6.		☐	☐	☐	☐	☐
7.		☐	☐	☐	☐	☐
8.		☐	☐	☐	☐	☐
9.		☐	☐	☐	☐	☐
10.		☐	☐	☐	☐	☐
11.		☐	☐	☐	☐	☐
12.		☐	☐	☐	☐	☐
13.		☐	☐	☐	☐	☐
14.		☐	☐	☐	☐	☐
15.		☐	☐	☐	☐	☐
16.		☐	☐	☐	☐	☐
17.		☐	☐	☐	☐	☐
18.		☐	☐	☐	☐	☐
19.		☐	☐	☐	☐	☐
20.		☐	☐	☐	☐	☐
21.		☐	☐	☐	☐	☐
22.		☐	☐	☐	☐	☐
23.		☐	☐	☐	☐	☐
24.		☐	☐	☐	☐	☐
25.		☐	☐	☐	☐	☐



Signature(s) of authorized persons, in accordance with the Account Holder's representation / power of attorney

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4. User entitlements

User data please fill in capital letters. If you want to grant individual rights, please assign accounts to the Users (write account numbers according to the numbers in Table 6) and then define Users entitlements

Validate

Clear

No.	User	SafeWord Card Type		Account numbers (from section 3) E.g.: 1,2,3 or 1-3	Add Entitlements	Remove Entitlements	Remove User from the System	Entitlements configuration			
		**Hardware token	Mobile app MobilePASS					Create	Authorization - level 1	Authorization - level 2	Release
1	Full Name *Email *Mobile phone number + Nationality / Country Town and zip code Street, street No. or apt. No. PESEL ID (for resident) Date of birth (for non-resident) Type of ID Number of ID document	**Hardware token ?	Mobile app MobilePASS ?					☐	☐	☐	☐
2	Full Name *Email *Mobile phone number + Nationality / Country Town and zip code Street, street No. or apt. No. PESEL ID (for resident) Date of birth (for non-resident) Type of ID Number of ID document		☐		☐	☐	☐	☐	☐	☐	☐
3	Full Name *Email *Mobile phone number + Nationality / Country Town and zip code Street, street No. or apt. No. PESEL ID (for resident) Date of birth (for non-resident) Type of ID Number of ID document		☐		☐	☐	☐	☐	☐	☐	☐
4	Full Name *Email *Mobile phone number + Nationality / Country Town and zip code Street, street No. or apt. No. PESEL ID (for resident) Date of birth (for non-resident) Type of ID Number of ID document		☐		☐	☐	☐	☐	☐	☐	☐

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Account Holder's Signature(s)

Date, stamp



Signature(s) of authorized persons, in accordance with the Account Holer's representation / power of attorney

The completed form should be sent at the following address: Strefa Dokumentacji Klienta, ul. Senatorska 16, 00-923 Warszawa