



Your Irish Life Plan Details

Please complete **all** the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date of the month (1st to 28th only)

Payment frequency Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked * and return this mandate to Irish Life

Name and address of the payer:

* Name(s) of Account Holder(s)

Address of Account Holder(s)

* BIC

* IBAN

Your BIC and IBAN can be found on a recent bank statement



Please sign and date

* Signature(s) * Date of signing

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. 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. Your rights are explained in a statement that you can obtain from your bank.

For Office Use only

UMR

Creditor Identifier

Type of payment Recurrent ☒

Creditor's name and address