Direct Debit Mandate

SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Irish Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Life Assurance plc. 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.

Please return to Creditor: Irish Life Assurance plc, Temple Road, Blackrock, Co. Dublin.

1. Please write your full postal address of your in the box below.

Del	tor name and address:
2.	Type of Account*
3.	IBAN
4.	BIC SINGLE STATE OF THE STATE O
5.	Type of Payment (select one)

*Some Account types are not acceptable for Direct Debit. If you are not operating the Debit from a Current Account you should confirm with the bank/building society prior to submitting the mandate.

Once Off Payment

FOR OFFICE USE ONLY				
Sent by				
Date	dd/mm/yyyy			
Policy No(s)				
CID				
Unique Mandate Ref.				

Details regarding the underlying relationship between the Creditor and the Debtor, please read them carefully.

I/We instruct you to deduct direct debits from my/our account

The amounts are variable and may be debited on various dates.

I/We understand that Irish Life Assurance plc may change the amounts and dates only after giving me/us prior notice.

I/We will inform Irish Life Assurance plc in writing if I/we wish to cancel this instruction.

I/We understand that if any direct debit is paid which breaks the terms of the instruction the Bank/Building Society will make a refund.

Signature 1	X
Signature 1	Х
Date	dd/mm/yyyy