

# SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier

**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 instruction 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 complete ALL the fields below, if any item is blank or illegible this will cause a delay in processing your mandate.**This section  
must be  
completed

Your Name

Your Address

City/Postcode

Country

Bank Account Number (IBAN)

- - - - -

Swift Bic

- -

Creditor Name

Creditor Address

Please tick one  
box only

Type of Payment      Recurrent      or      One-off payment

Please sign and  
date

Signature

Date

**When you have signed this form please return it to:**

Irish Life Assurance plc, Corporate Business, Lower Abbey Street, Dublin 1.

**The above direct debit mandate relates to:**

Group Risk Scheme Name

Group Risk Scheme Number

Date to start from

Please tick one  
box only

And, following the first payment      Every Month      or      Every Year