

# SEPA DIRECT DEBIT MANDATE

Mandate Reference - to be completed by the creditor



## \*Creditor Identifier

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By signing this mandate form, you authorise (A) Ecclesiastical Insurance Office 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 Ecclesiastical Insurance Office 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 marked\*

*Your name:			
*Your address:	Address line 1		
	Address line 2		
*City/Postcode:			*Country:

## \* IBAN (Account number)

## \* SWIFT BIC

Ecclesiastical Insurance Office plc 2nd Floor Block F2 EastPoint Dublin 3 Ireland
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\* **Type of payment**    Recurrent     or One-off payment  (please tick)

\* **City or town in which you are signing**     **Date**

## \* Signature(s)

Please return this mandate to the creditor and **not your bank**

### \* Please tick as appropriate

- 1 month @ 0%
- 10 months @ 0%