

# SEPA DIRECT DEBIT MANDATE

PLEASE COMPLETE ALL THE FIELDS MARKED \*

Unique Mandate Reference – To be completed by the Creditor (max. 35 Characters)

By signing this mandate form, you authorise (A) KBC Bank Ireland Plc to send instructions to your bank to direct debit your account (B) your bank to direct debit your account in accordance with the instructions from KBC Bank Ireland Plc.

As parts 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.

## Account Holder

Your name\* (max.70 Characters)

Street name and number\*

City/ Postcode\*

Country\*

## Debiting Account Details

BIC

IBAN

## Name of Creditor

Name of Creditor

**KBC Bank Ireland Plc**

Creditor identifier

**IE47ZZZ304639**

Street name and number

**Sandwich Street**

City/ Postcode

**Dublin 2**

Country

**Ireland**

## Type of payment\*



Recurrent payment



One-off payment

Date of signing

Signature(s) X

Please return to: **KBC Bank Ireland Plc**

KBC Bank Ireland plc is regulated by the Central Bank of Ireland.

Note: If your account is a joint account requiring all signatures for withdrawals, then all parties named on this account must sign this form.