

SECTION A SEPA DIRECT DEBIT REFUND REQUEST FORM

Refund claim of SEPA Direct Debit (WITHIN 8 WEEKS)

To process your SEPA Direct Debit Refund Request, please complete the details in full below.
Please note that you will need to complete a claim form for every SEPA Direct Debit payment requested

This form should only be used to apply for a refund in relation to a SEPA Direct Debit collection which occurred within the last 8 weeks. If you wish to claim a refund in respect of a SEPA Direct Debit collection which occurred more than 8 weeks ago, please complete the form overleaf.

I confirm that I am claiming for a SEPA Direct Debit Refund as per the details outlined below:

Customer Signature(s): Date*

d	d	m	m	y	y	y	y
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Customer Signature(s): Date*

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

Creditor Name: E.g. name of utility provider

Creditor ID: (contact the creditor directly)

Unique Mandate Reference: (contact the creditor directly)

Debitor Name: (Name of account debited)

IBAN:

Direct Debit Amount:

Date of Direct Debit Payment*

d	d	m	m	y	y	y	y
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Return to: KBC Payments Team, Operations Department, Sandwith Street, Dublin 2

For office use only

SECTION B SEPA DIRECT DEBIT REFUND REQUEST FORM

Request for Refund of SEPA Direct Debit Payment of an Unauthorised Collection (8 WEEKS - 13 MONTHS)

To process your SEPA Direct Debit Refund Request, please complete the details in full below
Please note that you will need to complete a claim form for every SEPA Direct Debit payment requested.

This form should only be used to apply for a refund in relation to a SEPA Direct Debit collection which occurred more than 8 weeks ago but less than 13 months. This application for refund will require investigation which can take up to 30 calendar days to complete. A final decision of the investigation will be communicated to you on completion. If you wish to claim a refund in respect of a SEPA Direct Debit collection which occurred within the last 8 weeks, please complete the form overleaf.

Please select by ticking one of the following reasons for your claim

- A: I did not sign a SEPA Direct Debit Mandate
- B: I have already cancelled a SEPA Direct Debit Mandate
- C: I have been debited more than I expected to pay i.e. SEPA Direct Debit is greater than the amount outlined in your Pre Notification Letter. Please forward a copy of the Pre notification Letter (provided to you by the Creditor) with this form
- D: Other reason – please clearly specify below
- _____
- _____
- _____

I confirm that I am claiming for a SEPA Direct Debit Refund as per the details outlined below:

Customer Signature(s): Date*

Customer Signature(s): Date*

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

Creditor Name: E.g. name of utility provider

Creditor ID: (contact the creditor directly)

Unique Mandate Reference: (contact the creditor directly)

Debitor Name: (Name of account debited)

IBAN:

Direct Debit Amount:

Date of Direct Debit Payment*

Return to: KBC Payments Team, Operations Department, Sandwith Street, Dublin 2

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