

SEPA Direct Debit Mandate

PLEASE COMPLETE IN BLOCK CAPITALS



Unique mandate reference:
(Please leave Blank - for Bank use only)

Creditor ID
(Please leave Blank - for Bank use only)

IE16ZZZ362912

By signing this mandate form, you authorise **Bank of Ireland** to send instructions to your bank to debit your account in accordance with the instruction from **Bank of Ireland**.

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 MARKED *

Personal Details

*Your name:

*Your address:

*City/Postcode

*Country:

*Account number (IBAN)

*Swift BIC:

Creditor's name:

Bank of Ireland

Creditor's address:

PO Box 13298

Creditor's city/postcode:

Dublin 18

Creditor's country:

Ireland

*Type of payment:

Recurrent or One-off payment (Please tick one option)

*Date of signing:

*Signature:

Please return to Bank of Ireland



Direct Debit Customer Information

*Person on whose behalf payment is made:

If you are making a payment in respect of an arrangement between Bank of Ireland and another person e.g. where you are paying the other person's bill please write the other person's name here. If you are paying on your own behalf, leave blank.

*In respect of the contract:

(AXA Reference no or AXA policy no)

*Your AXA policy payment date:

The date of the month your AXA policy payment is to be made.

This day should coincide with the day the main credit is lodged to your account e.g. salary. Please note instructions cannot be accepted to charge Direct Debits to Deposit or Savings Accounts.