

SEPA Direct Debit Mandate

SEPA (Single Euro Payments Area)

For Office Use only											
Unique Mandate Refer	ence (UMR):										
To be completed by Irish Life H By signing this mandate for account in accordance with and conditions of your agrights regarding the below Please complete all the fiel Irish Life Health dac, P.O. Your name (Name of the Your address:	rm, you authorise the instructions eement with your mandate are explids and return the Box 764, Cork	from Irish Life Health d oank. A refund must be lained in a statement t	lac. As part e claimed w	t of your rights vithin 8 weeks s	, you are starting f	entitled rom the	l to α refu	nd from yo	our bank	under th	e terms
City/Postcode											
Country:											
Account number - IBAI	N:										
Creditors Name: Creditor Identifier: Creditor Address: City/Postcode: Country:	Irish Life Health IE67SDD303988 Irish Life Centre Dublin 1 Ireland										
Type of payment:	~	Recurrent payment		Note: Ir	off paym ish Life He is service		s not				
Your signature 1:				Date:							
Your signature 2:				Date:							
For Information On	ly										
Date that you would like	•		You can ch	nose any date be	etween 1st	and 28th	of the mo	nth			
Membership number/policy number:											
Membership number/p	olicy number:										

Irish Life Health, P.O. Box 764, Togher, Cork 1890 717 717 www.irishlifehealth.ie