



SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Royal London Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Royal London 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 empty fields below

Name and address of the payer:

Account Holder Name(s):

Correspondence Address:

Account Number - IBAN:

Bank Identifier Code - BIC:

Creditor's Name: Royal London Insurance DAC
Creditor Identifier: IE22SDD990491
Creditor Address: 47 – 49 St Stephen's Green, Dublin 2, Ireland
Type of Payment: Recurrent Payment

Signature(s) of Account Holders:

Date of Signature:

By signing this mandate form, you agree to an advance payment notification period of three days before the first collection is debited from your account.

Policy Number: