

# SEPA Direct Debit Mandate

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*Unique Mandate Reference (UMR) - to be completed by Royal London*

By signing this mandate form, you authorise (A) Royal London 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.

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 \*.**

Account holder's Name	*	<input type="text"/>
Account holder's Address		<input type="text"/>
City		<input type="text"/>
Postcode		<input type="text"/>
Country		<input type="text"/>
Account Number - IBAN	*	<input type="text"/>
Account Identifier Code - BIC	*	<input type="text"/>
Company's name		Royal London
Company's identifier		IE50SDD304100
Company's Address		Royal London Insurance DAC, PO Box number 12995
City		Dublin 2
Postcode		
Country		Ireland
Type of payment		Recurrent payment <input checked="" type="checkbox"/> or One-off payment <input type="checkbox"/>
Date of signature	*	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please sign here	*	<input type="text"/>

**Please return this mandate to Royal London at the address above.**

