

SEPA Direct Debit Mandate

SEPA (Single Euro Payments Area)

For office use only

Unique Mandate Reference (UMR):

To be completed by Aviva Health Insurance Ireland Limited

By signing this mandate form, you authorise (A) Aviva Health Insurance Ireland Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Aviva Health Insurance Ireland Limited. 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 regarding the below mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields marked * and return the form to
Aviva Health Insurance Ireland Limited, P.O. Box 764, Cork

* Your name:

Name of the debtor(s)

Your address:

* City/Postcode

* Country:

* Account number – IBAN:

* Bank identifier code – BIC:

Creditors Name: Aviva Health Insurance Ireland Limited

Creditor Identifier: IE67SDD303988

Creditor Address: One Park Place, Hatch Street

City/Postcode: Dublin 2

Country: Ireland

Type of payment:

Recurrent payment

One-off payment

Note: Aviva Health Insurance Ireland Limited does not offer this service

* Signature 1:

* Date:

* Signature 2:

* Date:

For Information Only

* Date that you would like money to be debited from your account:

You can chose any date between 1st and 28th of the month

* Membership number/ policy number: