

SEPA DIRECT DEBIT REFUND REQUEST FORM

Refund claim of SEPA Direct Debit (WITHIN 8 WEEKS)

To process your SEPA Direct Debit Refund Request, please complete the details in full below.
Please note that you will need to complete a claim form for every SEPA Direct Debit payment requested

This form should only be used to apply for a refund in relation to a SEPA Direct Debit collection which occurred within the last 8 weeks. If you wish to claim a refund in respect of a SEPA Direct Debit collection which occurred more than 8 weeks ago, please complete the form overleaf.

I confirm that I am claiming for a SEPA Direct Debit Refund as per the details outlined below:

Customer Signature(s): Date*

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Customer Signature(s): Date*

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Note: If your account is a joint account requiring all signatures for withdrawals, then all parties named on this account must sign this form

Creditor Name: E.g. name of utility provider

Creditor ID: (contact the creditor directly)

Unique Mandate Reference: (contact the creditor directly)

Debitor Name: Name of account debited

BIC:

IBAN:

Direct Debit Amount:

Date of Direct Debit Payment*

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Return to: KBC Payments Team, Operations Department, Sandwith Street, Dublin 2

For office use only

SEPA DIRECT DEBIT REFUND REQUEST FORM

Request for Refund of SEPA Direct Debit Payment of an Unauthorised Collection (8 WEEKS - 13 MONTHS)

To process your SEPA Direct Debit Refund Request, please complete the details in full below

Please note that you will need to complete a claim form for every SEPA Direct Debit payment requested.

This form should only be used to apply for a refund in relation to a SEPA Direct Debit collection which occurred more than 8 weeks ago but less than 13 months. This application for refund will require investigation which can take up to 30 calendar days to complete. A final decision of the investigation will be communicated to you on completion. If you wish to claim a refund in respect of a SEPA Direct Debit collection which occurred within the last 8 weeks, please complete the form overleaf.

Please select by ticking one of the following reasons for your claim

A: I did not sign a SEPA Direct Debit Mandate

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B: I have already cancelled a SEPA Direct Debit Mandate

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C: I have been debited more than I expected to pay i.e. SEPA Direct Debit is greater than the amount outlined in your Pre Notification Letter. Please forward a copy of the Pre notification Letter (provided to you by the Creditor) with this form

☐

D: Other reason – please clearly specify below

☐

I confirm that I am claiming for a SEPA Direct Debit Refund as per the details outlined below:

Customer Signature(s): Date*

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|---|---|---|---|---|---|---|---|
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Customer Signature(s): Date*

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Note: If your account is a joint account requiring all signatures for withdrawals, then all parties named on this account must sign this form

Creditor Name: E.g. name of utility provider

Creditor ID: (contact the creditor directly)

Unique Mandate Reference: (contact the creditor directly)

Debtor Name: Name of account debited

BIC:

IBAN:

Direct Debit Amount:

Date of Direct Debit Payment*

| | | | | | | | |
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| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Return to: KBC Payments Team, Operations Department, Sandwith Street, Dublin 2

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