SEPA DIRECT DEBIT REFUND REQUEST FORM



Refund claim of SEPA Direct Debit (WITHIN 8 WEEKS)

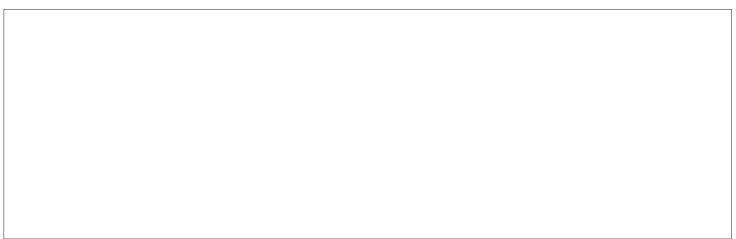
To process your SEPA Direct Debit Refund Request, please complete the details in full below. Please note that you will need to complete a claim form for every SEPA Direct Debit payment requested

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): Customer Signature(s):		Date* Date*	d d m m y y y y d d m m y y y y		
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: Creditor ID: Unique Mandate Referen	nce:		E.g. name of utility provider (contact the creditor directly) (contact the creditor directly)		
Debitor Name:			Name of account debited		
BIC:					
IBAN:					
Direct Debit Amount:					
Date of Direct Debit Payment* d d m m y y y y					

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					
B: I have already cancelled a SEPA Direct Debit Mandate					
C: I have been debited more than I expected to pay i.e. SEPA Direct Debit is greater that the am your Pre Notification Letter. Please forward a copy of the Pre notification Letter (provided to you by the Creditor					
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*	d d m m y y y y			
Customer Signature(s):	Date*	d d m m y y y y			
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 a mana of utility many idea			
		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:					
	1				
Direct Debit Amount:					
Date of Direct Debit Payment* d d m m y y y y					
Return to: KBC Payments Team, Operations Department, Sandwith Street, Dublin 2					

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