## **SEPA DIRECT DEBIT MANDATE**





## PLEASE COMPLETE ALL THE FIELDS MARKED \*

Unique Mandate Reference – 10 be	completed by the Creditor (max. 35 Characters)
By signing this mandate form, you authorise (A) KBC Bank Ireland Plc to send instructions to your bank to direct debit your account (B) your bank to direct debit your account in accordance with the instructions from KBC Bank Ireland Plc.  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.	
Account Holder	
Your name* (max.70 Characters)	
Street name and number*	
City/ Postcode*	
Country*	
Debiting Account Details	
BIC*	
IBAN*	
Name of Creditor	
Name of Creditor KBC Bank Ireland Plc	
Creditor identifier IE41ZZZ300285	
Street name and number Sandwith Street	
City/ Postcode  Dublin 2	
Country Ireland	
Type of payment*	
Recurrent payment One-off payment	
Date of signing dddmmmyyyyyy	
Signature(s) X	

KBC Bank Ireland plc is regulated by the Central Bank of Ireland.

Please return to: KBC Bank Ireland Plc

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