

# SEPA Direct Debit Mandate



Creditor Identification Number - IE11ZZZ302086

Mandate Reference:

Creditor Name:

Creditor Address:

Debiting Account Details (Please complete all sections in Block Capitals)

IBAN

BIC Code

Account Name

Your Address

City / Post Code:  Country:

Type of Direct Debit  Recurring Payment

By signing this mandate form, you authorise (a) Permanent TSB plc to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from Permanent TSB 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.

Signature(s)

Date of Signing   /   /

Visa Card Number

Please indicate which percentage of your total balance you would like to pay

2.5%  25%  50%  100%

### IMPORTANT NOTE:

No amendments are allowable to Direct Debits eight days prior to your statement date. If an amendment is received during this period, the amendment will be processed after your next statement date.