



AIB SEPA Direct Debit Mandate

For Office Use Only

OIN – IE52SDD300378

OIN – IE50SDD301384

UMR _____

By signing this mandate form, you authorise (A) AIB to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from AIB.
 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.

Please complete all the fields marked *.

*Customer Name

*Customer Address

City

Post Code

Country

Type of payment Recurrent payment or One-off payment

*Customer account number – IBAN

Creditor's name AIB Card Issuing

Creditor address PO Box 708

 Sandyford

 Dublin 18

*Date of signature

Signature(s)

*Please sign here

Please return this mandate to the Creditor

*Credit Card Number

Please tick (✓) the box below indicating the direct debit option you require

3% 5% 10% 20% 25% 50% 100%

(Min of €6.35)

If the mandate is completed and no box is filled, the 3% option will apply.

Please return this mandate to:

AIB Card Issuing
 PO Box 708
 Sandyford
 Dublin 18