



AIB SEPA Direct Debit Mandate

For Office Use Only

OIN – IE52SDD300378

OIN – IE02SDD992888

UMR _____

By signing this mandate form, you authorise (A) AIB to send instructions to your bank to debit (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 *.

*Company Name:

*Company Address:

City:

Post Code:

Country:

Type of payment Recurrent payment or One-off payment

*Customer Account Number – IBAN:

*Customer Bank Identifier code – BIC:

Creditors Name: AIB Card Issuing

Creditor Address: PO Box 708
 Sandyford
 Dublin 18

*Date of Signature:

Signature(s)

*1. Signature:

*2. Signature:

*VISA Company Number:

*Credit Card Number (for reference)

Please return this mandate to:
 AIB Card Issuing
 PO BOX 708
 Sandyford
 Dublin 18