



# Direct Debit Refund Request Form

## How to complete the form

1 Please use a **BLACK** pen

2 Mark boxes like this  If you make a mistake, do this and mark the correct box

3 Please use **BLOCK CAPITAL LETTERS** and leave one space between each word  A  2

## Direct Debit Information

1. SEPA direct debit right to refund (Less than 8 weeks after the debit date)

OR

Unauthorised direct debit (between 8 weeks and 13 months after the debit date)

**If greater than 8 weeks, please provide a reason for the refund request:**

## Account Information

1. Sort Code    -    -    Account No.

2. Customer Name

## Transaction Information

4. Date Payment Debited from the Account   /   /

5. Amount of Payment   
 -

6. Originator Name   
 -

7. Originator Identification Number (OIN)   
 -

8. Unique Mandate Reference Number   
 -

9. Any other Additional Details

## Customer Acknowledgement and Authorisation

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By signing this form I confirm that the above information is correct and that I request a refund of the above transaction. I acknowledge that if, as a result of an investigation, the credit transfer is established to be in fact authorised by me or on my behalf, that any sums refunded to my account will be debited by AIB and any fees and/or charges (including interest) owed may be re-charged, even if this puts my account into a negative balance position thus incurring costs. I also acknowledge that I may be responsible for any reasonable costs incurred by AIB in carrying out the investigation.

**Customer Authorised Signature(s)**

## For Bank Use Only

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SV (please tick)

Staff number

Staff Signature

Brand Here

Terms and conditions apply. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.