



# AIB SEPA Direct Debit Mandate

For Office Use Only

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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

\*Customer bank identifier code – BIC

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