

SEPA Direct Debit Mandate

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

Name and address of the payer:

Account holder name(s)	
Correspondence Address	
🕑 IBAN (22 characters)	
Bank Identifier Code – BIC	
Creditor's name	Royal London
Creditor identifier	IE22SDD990491
Creditor address	47-49 St Stephen's Green, Dublin 2, Ireland
Type of payment	Recurrent Payment
Signature(s)	
Date of signature	
By signing this mandate form, you agree to an advance payment notification period of three days before the first collection is debited from your account	

is **debited** from your account.

Policy number

The Royal London Mutual Insurance Society Limited is authorised by the Prudential Regulation Authority in the United Kingdom and is regulated by the Central Bank of Ireland for conduct of business rules. The Royal London Mutual Insurance Society Limited is registered in England and Wales, number 99064, at 55 Gracechurch Street, London EC3V ORL and in Ireland, number 908341, at 47-49 St Stephen's Green, Dublin 2.