DIRECT DEBIT INSTRUCTION

		,			
The Insured:		F	Policy Number:	/	1
Policy Start Date:		I	nsurers Reference:		
can be drawn. It is in your ov Problems in processing your In the event of a default in p	r direct debit plan, you must have a bank/b vn interest to ensure the bank/building so Direct Debit Instruction will result in dela ayment, the full amount of premium outsta e policy or policies by sending ten days not	ciety allows lys in issuing anding will	direct debit withdrag your permanent do become immediately	wals from the cumentation. y payable and i	account. f not received
Policy Amount	Amount		Dat	e Due	
Annual Premium: €	Deposit of :	€	Due on		
Service Charge: €	10 Monthly instalments of	€	Froi	m	
Total Due: €		€	Unt	il	
	Service Charge Rate * 7.7% - APF	R 22.99% *Th	is may be revised at the	discretion of Red	Click
To use the Direct Debit Plan	, simply complete and sign the DIRECT DEBI	IT MANDATE	below and RETURN	it in the pre-pai	d envelope.
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SEPA DIRECT DE					
	DII WANDATE		Da	401.	01
Our Reference: /	/		Ke	dC(i	C
Creditor Identifier: IE17ZZ				25 GE	ENERALI
Unique Mandate Reference	:e:				
	n, you authorise (A) RedClick to send instruction fromRedClick.		our bank to debit yo	ur account and	(B) your bank
bank. A refund must be clain	e entitled to a refund from your bank unde ned within 8 weeks starting from the date It you can obtain from your bank.				
Please complete all fields	marked * *Your Name:				
*Your address:					
Tour address.					
4 T		46			
*Town:		*Cou	ntry:		
*IBAN (Account Number):					
*Swift BIC:					
Creditor Details:	RedClick				
	5, Town Hall Place, Farnham Street, Cavan, Republic of Ireland, H12 V9F5	5			
Payment Type:	Recurrent				
*Date of Signing:					
*Signature(s)					

Please return this mandate to RedClick and not to your bank.