Lombard

SEPA Direct Debit Mandate

Originator's reference number (for Office use only)	

Please complete all the fields marked "*" to instruct your Bank to make payments directly from your account and then return the form to:
Ulster Bank Ireland DAC trading as Lombard, Ulster Bank Head Office, Block B, Central Park, Leopardstown, Dublin 18, D18 N153.

Creditor's Name		**Lombard**
Creditor's Identifier		**9 9 9 4 1 0**
Creditor's Address		**Ulster Bank Head Office, Block B, Central Park, Leopardstown**
City		**Dublin**
Post Code		**D18 N153**
Country		**Ireland**
Type of Payment		**Recurrent**
Customer's Name	*	
Name of Account Holder	*	
Account Holder's Address		
City		
Post Code		
Country		
A/C Holder's Account Number - IBAN	*	
A/C Holder's Bank Identifier Code - BIC	*	
Name of Bank	*	
Address of Bank	*	

By signing this mandate form, you authorize
a) Ulster Bank Ireland DAC trading as Lombard to send instructions to your bank to debit your account and
b) your bank to debit your account in accordance with the instructions from Ulster Bank Ireland DAC trading as Lombard.
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.

Customer Signature *

Date * _____

Customer Signature

Date _____