DIRECT DE	BITINSTRUCTION		
The Insured:		Policy Number:	1 1
Policy Start Date:		Insurers Reference:	
can be drawn. It is in your Problems in processing you In the event of a default in	our direct debit plan, you must have a bank/bur own interest to ensure the bank/building socie our Direct Debit Instruction will result in delays a payment, the full amount of premium outstand the policy or policies by sending ten days notice.	ty allows direct debit withdrav in issuing your permanent do ding will become immediately	vals from the account. cumentation. payable and if not received
Policy Amount	Amount	Amount Date Due	
Annual Premium: €	Deposit of :	€ Due	on
Service Charge: €	10 Monthly instalments of	€ From	n
Total Due: €	•	€ Unti	I
	Service Charge Rate * 7.7% - APR	22.99% *This may be revised at t	he discretion of Liberty Insurance
To use the Direct Debit Pl	an, simply complete and sign the DIRECT DEBIT	MANDATE below and RETURI	N it in the pre-paid envelope.
2			
your bank to debit your ac As part of your rights, you bank. A refund must be cla	nce:  orm, you authorise (A) Liberty Insurance to serection in accordance with the instruction from I are entitled to a refund from your bank under aimed within 8 weeks starting from the date on that you can obtain from your bank.	Liberty Insurance.  the terms and conditions of yo	our agreement with your
*Your address:			
*Town:		*Country:	
*IBAN (Account Number	r):		
*Swift BIC:			
Creditor Details:	Liberty Insurance Dublin Road Cavan Republic of Ireland		
Payment Type:	Recurrent		
*Date of Signing:			

Please return this mandate to Liberty Insurance and <u>not to your bank.</u>

\*Signature(s)