



Direct Debit (SEPA) Refund Request Form

Request to Refund a Direct Debit payment with the following details:

NSC: 93-____-____

Account Number: _____

International Bank Account Number (IBAN):

Customer Name: _____

Date Payment Debited from the Account __/__/_____

Amount of Payment: _____

Originator Name: _____

Originator Identification Number (OIN): _____

Direct Debit Unique Mandate Reference Number:

Any other Additional Details:

Please confirm that your details above are correct.

Note: If the information provided above is incorrect AIB cannot process this request.

Customer Signature: _____

Date: _____

For Bank Use Only

Reason for Refund Request:

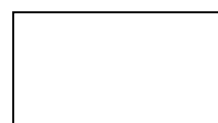
Customer Request – No Reason Provided (Authorised Refund - SEPA Direct Debit Only)	
No Valid Instruction Held	
Amount/Date of debit differs from instruction	
Amount/Date of debit differs from advance notice	
No advance notice received by the customer	
Other (Please specify under additional details)	

SV (please tick) ☐

Staff Number: _____

Staff Signature: _____

Brand Here



Terms and Conditions Apply. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland