

*Unique Mandate Reference

(To be completed by Acorn Life DAC)

By signing this mandate form, you authorise (A) Acorn Life DAC to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Acorn Life DAC.

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 the fields below marked *.

*Name of Account Holder

City/Postcode:

Your Address

.....

Country:

*IBAN (Account Number)

*SWIFT BIC

*Creditors Name & Address

Acorn Life DAC, St. Augustine Street, Galway, Ireland.

Type of Payment

Recurrent

*DATE OF SIGNING

 / / 

*SIGNATURE



*SIGNATURE

Please return this mandate to the creditor and **not your bank**

By signing this mandate form I agree to waive my right to a 14 day notice in advance of the first debit from my account. I understand Acorn Life DAC will notify me in writing, in advance, of my direct debit date. Should you have any issue with this shorter pre-notification period, please contact Acorn Life DAC.

