



## 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