

# SEPA Direct Debit Mandate



Laya healthcare membership number/  
unique mandate reference

Member Name							
Member Address							
City/Town							
County							
Country							
Name of Bank							
Address of Bank							
Name of account holder(s)							
IBAN							
BIC							
Creditor's name	Laya Healthcare Limited						
Creditor identifier	IE40ZZZ301467						
Creditor address	Eastgate Road, Eastgate Business Park, Little Island, Cork, Ireland						
Type of recurrent payment	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually						
<b>Declaration</b>							
By signing this mandate form, you authorise (A) Laya Healthcare Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Laya Healthcare Ltd.							
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.							
Signature(s): Please sign here							
Date of signature(s)	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

**Please return completed form to: Laya Healthcare, Eastgate Road, Eastgate Business Park, Little Island, Cork.**

Note: A direct debit charge applies if paying by installments. Direct Debits are collected the first full working week of each month.

