

SEPA Direct Debit Mandate



What are the benefits?

With Vhi Healthcare's direct debit scheme, payments can be spread out through the year which means that there is no lump sum payment to creep up on you unexpectedly. This way you are always aware of what is coming out of your account and when.

Vhi Healthcare does **not** add a surcharge for this service – it's **free**!

You'll enjoy peace of mind knowing that your account is always up-to-date with no missing payments.

To sign up for a direct debit, simply complete, sign and return the mandate to:

Vhi Healthcare
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny

YOUR DETAILS

Vhi Membership number:

Contact phone number:

Email address:

Payment preference

MONTHLY

YEARLY

7

SEPA Direct Debit Mandate

Creditor Identifier IE46SDD300001

Creditor name: Vhi Healthcare

Creditor address: Vhi Healthcare, Vhi House, Lower Abbey Street, Dublin 1, Ireland

By signing this mandate, you authorise

- (a) Vhi Healthcare to send instructions to your bank/ building society to debit your account and
- (b) Your bank/building society to debit your account in accordance with the instructions from Vhi Healthcare

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.

Unique Mandate Reference (UMR):

(To be completed by Vhi Healthcare)

Type of payment

RECURRING

☒

CUSTOMER DETAILS *(Please complete all required fields, marked below*)*

*Name:

*Address:

*IBAN

[illegible]

*BIC

[illegible]

***SIGNATURE(S)**

1.

Date:

2.

Date:

Your rights regarding this mandate are explained in a statement that you can obtain from your bank.

Vhi Healthcare will notify you at least 7 days in advance of the first direct debit on your account and any time the amount to be debited changes.

DATA PROTECTION NOTICE

The information which you provide to the Voluntary Health Insurance Board ('Vhi') in this Application Form will be used by Vhi for the purpose of processing your application and for the administration of any healthcare related products and services of which you and any other person on your policy avail. We may share your data with trusted third parties in the normal course of business, inside and outside the European Economic Area. By including your details in this Application Form, you explicitly consent to Vhi processing your details for this purpose.

Full details of the personal data we collect in relation to our customers and the purposes for which we use such data is detailed in Vhi's Data Protection Statement. The Data Protection Statement can be found in our Privacy Policy at www.vhi.ie or should you wish to contact us on 1890 44 44 44, you can request a hard copy from us.

FOR OFFICE USE ONLY

Comp. by: _____ Comp. dt: _____

UMR: _____