



Insured \_\_\_\_\_

Policy Number 

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### Direct Debit

This Direct debit facility is an easy payment scheme designed by Allianz p.l.c to allow you to spread payments over 12 months rather than having to pay in one lump sum.

#### To avail of the Direct Debit facility you must:-

- Have a Current Account.
- Complete and sign the attached Direct Debit Application Form and Direct Debit Instruction.
- Return these together with the first monthly premium to Allianz p.l.c. or your intermediary.

#### Calculating your Premium:

There is a service charge of 6%, so, for instance, on a premium of €750.00, the monthly amount payable would be:

**Note: Don't forget to forward your first monthly premium for new business:** To calculate your monthly premium amount divide the total amount of the Annual Premium & Service Charge by 12 equal instalments. Additional and return premiums where applicable, will be distributed over remaining monthly instalments.

Annual Premium (including Levy)	€750.00
Service Charge* (6%)	€45.00
<b>Total</b>	<b>€795.00</b>
Monthly Instalments (12)	€66.25

**Please Note: Allianz p.l.c. reserves the right to refuse or reject Direct Debit applications or premium adjustments**

### Direct Debit Terms & Conditions

**To avail of this facility, simply fill out the Direct Debit mandate included with this form and return it either Allianz p.l.c. or your Broker.**

If you choose to pay by monthly direct debits, you will need to let us know your bank name, Swift Bic & IBAN Number to enable us to set this up for you. Please note that Banks/Building Societies may decline to accept instruction to charge direct debits to certain types of accounts other than current accounts.

**\*\*The monthly Direct Debit facility is made available to you under a contract which is separate from the contract of insurance. It is under this contract that any service charge for the use of the monthly Direct Debit facility will be levied.**

**DIRECT DEBITS:** This Monthly Direct Debit facility allows the policyholder to pay for their insurance monthly in advance over a 12 month period. The monthly premiums will be automatically deducted by Direct Debit over 12 consecutive months.

**REFUNDS:** If the policyholder receives a refund of any premium, we will also refund the service charge (where applicable).

**DEFAULTS:** If the accountholder fails to make a monthly payment, we may cease this Direct Debit facility. In that event, and if the policyholder wants to continue under this policy, the balance of the annual premium will be payable in full and if not received we may cancel this policy. The notice of cancellation will be advised in writing to the policyholder by ordinary post.

**CANCELLATIONS:** The Direct Debit may be cancelled at any time without penalty. To then maintain cover, all the policyholder has to do is pay the balance of the annual premium no later than the next monthly payment date.

**CONTINUING DIRECT DEBIT AUTHORISATIONS:** By delivering the Direct Debit Instruction to Allianz for the purpose of the Policy of insurance referenced therein, the policyholder hereby authorises Allianz to submit the Direct Debit instruction to the Accountholder's Bank/Building Society, and to continue to request payments against the Direct Debit instruction in respect of this Policy of insurance, for each period of insurance for which Allianz may issue renewal terms. Allianz shall stand so authorised for all payment dates up to and including the date that this Direct Debit Instruction is cancelled by the Accountholder.

Premium:	€
** Service Charge:	€
<b>Total Due:</b>	<b>€</b>
First Monthly Premium:	€
Next monthly Premiums:	€
Service Charge Rate:	6%
Equivalent to an Annual percentage Rate of:	13.72%



## SEPA DIRECT DEBIT MANDATE

Office Use Only

UMR Code:

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Legal Text: By signing this mandate form, you authorise (A) Allianz PLC to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Allianz PLC.

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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked \*

\*Your Name :

Policy Number:

\*Your Address:

  

\*Country:

\*Account Number (IBAN)

\*Swift BIC

\*Signature:

\*Date Form Signed

This section only needs to be filled out if you are paying the premium on behalf of someone other than yourself.

Policyholders Name:

Creditor Identifier:

Please complete the above form and return to:

Creditors Address: