



Intermediary name:

By paying by direct debit your policy will be arranged on an automatic renewal basis, which means it will automatically renew on your renewal date and payment will be taken from your account shortly after.

If you wish to **opt out** of auto renewal, please tick the box

**Our premium payment plan** allows you to pay the cost of your annual premium(s) in one payment or 10 instalments from your bank or building society account.

**Please select the following payment option:**

- payment over 10 instalments
- payment in 1 instalment

**Note:** If no option selected above your premium payment plan will be spread over 10 instalments.

## Premium Payment Plan

**Important: Please read the Terms & Conditions of the Aviva Premium Payment Plan overleaf**

Remember, you must sign the form in ALL fields marked **X**

### Declaration

Please arrange for my/our premium and service charge to be payable by Aviva Premium Payment Plan. I/We accept the conditions set out in the summary of the plan. I/We understand that in addition to the Insurance premium my broker administration fee if applicable is to be collected as part of the 1st instalment at inception and renewal of the plan. I/We understand that if I/we fail to make the first payment, the instalment will be represented automatically. If I/we miss any further payments, I/we must then pay the full amount of the premium outstanding. If you do not receive it, you may cancel the policy or policies by sending 10 days' notice by letter to my/our last known address. **Important note:** In the case of joint bank accounts or those accounts that require more than one signature, all authorised signatories must sign the direct debit instruction.

I/We confirm that the signature (or signatures) on this form match those for the account from which the direct debit is to be taken. I/We agree that the amount payable will vary in line with changes to my contract of insurance.

Your Policy Number(s):

Policyholder signature(s): **X**

Policyholder Name & Address:

Date:

## SEPA Direct Debit Mandate - Please complete all fields marked\*

### Creditor Name and Address:

Aviva Insurance Ireland DAC  
Building 12 Cherrywood Business Park  
Loughlinstown  
Dublin 18  
D18 W2P5.

### Creditor Identifier:

**IE34SDD300120**

Unique Mandate Reference (office use only)

### CUSTOMER DETAILS:

Your (Debtor) Name\* and Address on Bank or Building Society account:

### BANK DETAILS:

IBAN\*:

BIC\*:

Signature 1\*:

**X**

Signature 2\*:

**X**

Date\*:

Type of Payment: Recurrent Payment

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

**Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.**

After you have filled in this form, please return it to your broker or agent or the Aviva office.

Aviva Insurance Ireland Designated Activity Company, trading as Aviva, is regulated by the Central Bank of Ireland.

A private company limited by shares.

Registered in Ireland No. 605769.

Registered Office: One Park Place, Hatch Street, Dublin 2, Ireland, D02 E651.

## Summary of the plan – important information

- 1 **You must be at least 18 years of age.**
- 2 Each year you pay your annual premium and mid term adjustments by direct debit. The payment is due on the start date or renewal date of the first policy on the plan. Where the 10 month option is selected the instalments are collected on the same date each month.
- 3 You pay a flat service charge – currently 7% (APR 20.1%) – which will stay the same for the length of the plan. We may change this at any time but will give you notice in writing. In the case of New Business private motor policies service charge 7% (APR 22.58%).
- 4 You must have a bank, building society or other account that a direct debit can be taken from, and the policyholder and account holder must be the same person.
- 5 We may **increase or decrease** your instalments if you ask us to amend the contract of insurance. We will tell you about the revised instalments immediately.
- 6 Unless you have opted out of automatic renewal, the premium payment plan will continue when you renew your policy. You may opt out of automatic renewal at any stage. If you wish to renew your policy you do not need to do anything unless:
  - a you want to change the cover provided;
  - b you want to cancel the policy (or policies);
  - c you change your bank or building society account; or
  - d you have chosen to opt out of automatic renewal.
- 7 If you want to use this facility, please fill in the declaration and direct debit instruction over the page.
- 8 The company, broker or agent must receive the filled-in forms before the renewal date or first day of cover.
- 9 When you cancel the plan, you will have to pay us any amount you owe us immediately.
- 10 If applicable, the collection of the broker administration fee agreed between yourself and your broker is included in the first instalment and annually thereafter in the 1st instalment at renewal of the plan.
- 11 **Please note that you may withdraw from this agreement within 10 days of entering this by giving us notice in writing.**