

# Instructions to your bank to pay Direct Debits

## • To Policyholders

Direct Debiting is a simple, inexpensive and convenient way of paying your Premium. All you need to do is sign and return the Mandate which authorises your Bank to debit your current account when the Premiums are payable. The processing of the Mandate may result in some delays in collecting the first Premium(s). Such delay does not affect your rights under the policy and the Company's liability commences when we issue our notification or acceptance of risk. The Mandate has been

designed so that you do not have to enter the amount of your Premium. No collection of Premium will be made before it is due and the amount collected will be stated in your policy. The company will make immediate reimbursement in the unlikely event of an error resulting in overpayment. We have also given your bank an indemnity to this effect. You may cancel your Direct Debit Mandate at any time by notifying your Bank and you should also notify us of the cancellation.

## After completion please return the mandate to DG Mutual.

The Dentists & General Mutual Benefit Society Ltd trading as DG Mutual is authorised by the Prudential Regulation Authority in the United Kingdom and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom.

Please detach and retain the upper section of this document

---

## DG Mutual SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) - to be completed by DG Mutual

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

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.

Please return this mandate to DG Mutual No. 4 Park Farm Barns, Chester Road, Stonebridge CV7 7TL

### Please complete all the fields marked \*

#### Debtor Correspondence Details

Name\* - \_\_\_\_\_

Address\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor Name(s)\*  
(Name on Account) \_\_\_\_\_

Debtor account number - IBAN\* \_\_\_\_\_

Debtor account identifier code BIC\* \_\_\_\_\_

Please sign here\* \_\_\_\_\_

Date of signature\* \_\_\_\_\_

Creditor's name **DG Mutual**  
Creditor identifier **IE66ZZZ307401**

Type of payment **Recurrent Payment**

---

By signing this mandate form, you agree to an advance payment notification period of three days before the first collection is debited from your account.