

## SCBI Risk Premium Payment Mandate

Business Banking

Your Business Banking Loan Number:

Creditor Identification Number - IE78ZZZ362863

**Mandate Reference:**  
(Completed by Permanent TSB)

**Creditor Name:**

Permanent TSB

**Creditor Address:**

56-59 St Stephens Green

Dublin 2

Ireland

### Debiting Account Details

**IBAN**

(Bank Account to be Debited)

**BIC Code**

(The Bank Identifier code)

**Your Name:**

(Name of Account to be Debited)

**Your Address:**

(Address held by debiting Bank -  
if joint account primary address)

**City / Post Code:**

**Country**

**Type of Direct Debit Recurring**

Payment

By signing this mandate form, you authorise (a) **Permanent TSB** to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from **Permanent TSB**.

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)

Note : Where the account being debited is a joint account and more that 1 person is needed to withdraw funds, then all parties must sign this form

Date of signing

Note : Your rights regarding this mandate are explained in a statement that you may obtain from your bank

### IMPORTANT NOTE:

**No amendments are allowable to direct debits eight days prior to your repayment due date. If amendment is received during this period, the amendment will be processed after your next repayment due date**