Direct Credit Form

To: Zurich Life Assurance plc

Ref: Policy Number:			
Policyowner(s):			

Important Note:

Please note that payment can only be made to banks and building societies in the Republic of Ireland or euro bank accounts within the SEPA Zone.

Bank Account Deta	ails:				
1. I wish to avail of the Direct Credit option					
2. Please pay all future payments directly to the account detailed below:					
Name of Bank:					
Bank Address:					
Account Name:					
BIC:					
IBAN:					
X					
	Date				
X	Date				

Signature of Policyowner:

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland. Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

