

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 Details:

- 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:


Signature of Policyowner:

X

Date

X

Date

