Quinn Life - Change of Bank Details

To amend / change your bank details please complete this form and return to:
Quinn Life Direct, Dublin Road, Cavan.

Quinn Life Direct Limited
Dublin Road, Cavan
Co Cavan

Originator's Reference | 3 | 0 | 2 | 2 | 6 | 5 |

Please complete in block capitals

Policy Number: ☐☐☐☐☐ (to be completed)

Name (s) of Account to be debited: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐

Bank Sort Code ☐☐ - ☐☐ - ☐☐

Please enter the full name and postal address of your Bank:

Name of Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Preferred Collection Date (dd/mm/yy) ☐☐ / ☐☐ / ☐☐

The Following are your instructions to the bank, and signature.
- I instruct you to pay Direct Debits from my account at the request of Quinn Life-Direct Limited.
- The amounts are variable and may be debited on various dates.
- I understand that Quinn Life-Direct Limited may change the amounts and dates only after giving me prior notice.
- I shall inform the Bank in writing if I wish to cancel this Instruction.
- I understand that if any Direct Debit is paid which breaks the terms of the Instruction, the bank will make a refund.

Signature _____ Date _____
(if joint account then both signatures are needed)

Signature _____ Date _____

Banks may decline to accept Instructions to pay Direct Debits from some types of accounts.