

SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by KILDARE COUNTY COUNCIL



**Comhairle Contae Chill Dara
Kildare County Council**

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

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 complete all the fields marked *

Creditor's name	K	I	L	D	A	R	E		C	O	U	N	T	Y		C	O	U	N	C	I	L
Creditor identifier	I	E	3	6	Z	Z	Z	3	0	1	1	5	1									
Creditor address	A	R	A	S		C	H	I	L	L		D	A	R	A							
City/Town	D	E	V	O	Y		P	A	R	K		N	A	A	S							
Postcode/County	C	O	U	N	T	Y		K	I	L	D	A	R	E								
Country	I	R	E	L	A	N	D															

Type of payment * Recurrent payment

Your Name *																						
Your Address *																						
City/Town *																						
Postcode/County *																						
Country *																						

Your account number – IBAN *																						
Your bank identifier code – BIC *																						

Date of signature *

Signature(s)

Please sign here *

Printed Signatory

Please print name(s) here *

Company Stamp Here

Please Complete Additional Information:

Customer Number: _____

Contact Telephone No. _____

Contact Email Address: _____

Initial amount per month to be deducted:

€