

SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by **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 6 3 Z Z Z 3 0 1 1 5 0

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 ☐ or One-off 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

*

Additional Information

Customer Number

Company Stamp Here

Contact Telephone No _____

Contact Email Address _____

Customer Payment Plan Attached

Yes ☐

No ☐

Please note that direct debits are run on the 10th of each month or next nearest working day.

Please return completed mandate to Kildare County Council, Finance Department, Aras Chill Dara, Devoy Park, Naas, Co. Kildare.