

**Start Year: 2017**

## SEPA Direct Debit Mandate

**Customer Account No**

*Unique Mandate Reference (UMR)*



By signing this mandate form, you authorise (A) **Limerick City and 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 **Limerick City and 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

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Creditor identifier

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Creditor address

[illegible]

City

[illegible]

Country

[illegible]

Type of payment

\* Recurrent payment ☒ or One-off payment ☐

**Customer Name**

[illegible]

### Customer Address

[illegible]

County

[illegible]

Country

[illegible]

Customer account number – IBAN \* PLEASE PRINT

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Customer bank identifier code – BIC

[illegible]

Please attach a copy of your bank Statement Header (top part only) showing clearly name on account, BIC and IBAN to enable processing. Name on bank account should match the name on the Customer account.

**Date of signature**

	<div style="border-bottom: 1px solid black; height: 1em;"></div>	
*	<div style="display: flex; justify-content: space-around;"> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 15%; height: 1em;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 15%; height: 1em;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 15%; height: 1em;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 15%; height: 1em;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 15%; height: 1em;"></div> </div>	

**Signature(s)**

**Please sign here**

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Please return this mandate to Rates Section, Limerick City & County Council, Dooradoyle, Co Limerick V94 WV78

**For Information Purposes Only**

Email Address

[illegible]**Contact Number**[illegible]