Comhairle Cathrach & Contae Luimnigh
Limerick City & County Council

SEPA Direct Debit Mandate 2021

Customer Account No:

Unique Mandate Reference (UMR) – to be completed by Limerick City & County Co

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		LIMERICK COUNCIL
Creditor identifier		IE87SDD306344
Creditor address		COUNTY HALL
		DOORADOYLE
City		LIMERICK
Country		IRELAND
Type of payment	*	Recurrent payment X
Customer Name	*	
Customer Address		
County		
Country		

Customer account number – IBAN ***PLEASE PRINT**

Customer bank identifier code – BIC *

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 *

Signature(s)

Please sign here *

Please return this mandate to Rates Section, Limerick City and County Council, Dooradoyle, Limerick V94 WV78
Or by email to Directdebitrates@limerick.ie

For Information Purposes Only

Email Address

Contact Number