

## SEPA Direct Debit Mandate



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*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 \***

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\* Recurrent payment ☒ or One-off payment ☐

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Please return this mandate to Finance Dept, Limerick City & County Council at the above address

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