## **SEPA Direct Debit Mandate**

LOAN ACCOUNTS

## UNIQUE MANDATE REFERENCE (TO BE COMPLETED BY FINGAL COUNTY COUNCIL)

By signing this mandate form, y																bit y	our ac	ccour	nt				
and (B) your bank to debit your As part of your rights, you are e											_		-			raam	ant w	uith vu	ourh	ank			
A refund must be claimed with																					ked *		
Customer name on bank a/c	*		Т																	Τ			
Customer name on bank a/C																					Ш		
Your address																							
		Post	tal cod	de de									City										
		Country											city										
		Cou																					
Your account number – IBAN	*																						
																					_		
SWIFT BIC	*																						
		F		N	G	Α	L		С	0	U	N	Т	Υ		С	0	U	N	С		L	
Fingal County Council identifier	r *	ı	Е	6	4	S	D	D	3	0	5	4	9	7									
Fingal County Council address	*	С	0	U	N	Т	Υ		Н	Α	L	L		S	W	0	R	D	S				
			tal co		.,					/ \	_	-	City	С	0		D	U	В	L	1	N	
				ue			_				_		City	C	U		D	U	В	L	<u>'</u>	IN	
		Cou	ıntry		I	R	Е	L	Α	N	D												
Type of payment	*	Recu	ırrent	payn	nent	Χ	]																
Date of signature	*	D	D	M	М	Υ	Υ																
Diagram diagram	*	Signature(s)																					
Please sign here Note: Your rights regarding the		ve ma	andat	e are	expla	ined	in a s	tater	nent 1	that y	ou ca	n ob	tain fr	om y	our b	ank.							
FOR OFFICE USE ONLY					•																		
Customer telephone number																							
Debtor identification code (Lo	ans .	A/C N	0.)																				
Identification code of the Debt	or		$\top$							1													
Reference Party (Customer ID)																							
Details regarding the underlyin	g rel	ations	ship t	etwe	en th	e Cre	ditor	and t	he D	ebtor	– for	infor	matic	on pu	rpose	s onl	y.						
Person on whose behalf			T																				
Payment is made Name of the Debtor Reference	Part	\ \/`  f \/ <sub>'</sub>	OU ar	l mal	(ing a	กลงก	nent i	n res	nect	of an	arrar	ngem	ent h	otwo.	n Fin	σal ∩	Ounty	/ Cou	ncil a	nd ar	nothe	r ners	on
Name of the Deptor Reference	ıaıl		where																		1001161	heiz	UII

Please return to

If you are paying on your own behalf, leave blank.