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

By signing this mandate form, you authorise (A) Fingal 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 Fingal 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. Please complete all fields on mandate.

Customer name on bank a/c																						
Your address																						
	Post	Postal code										City										
	Country																					
Your account number – <b>IBAN</b>																						
SWIFT BIC																						
	F	1	N	G	Α	L		с	ο	U	N	т	Y		с	0	U	N	с	1	L	
Fingal County Council identifier		E	8	9	s	D	D	3	0	0	8	7	6							<u> </u>		
	<u> </u>	-								_ •			•						<u> </u>			
Fingal County Council address	c	0	U	N	т	Y		н	A	L	L		S	w	0	R	D	S	<u> </u>	<u> </u>		
		Postal code		1								City	С	0		D	U	В	L	1	N	
		Country			R	E	L	Α	Ν	D												
Type of payment Date of signature	Recurrent payment X   D D M Y																					
Please sign here	Sigr	ature	e(s)																			
Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.																						
For information purposes only																						
Customer telephone number																						
Debtor identification code (Rate A/C	C No.)																					
Identification code of the Debtor Reference Party (Customer ID)	8	0	2	0																		
Details regarding the underlying relat	tionshi	p bet	ween	the C	redito	or and	the [	Debto	r – fo	r infoi	rmati	on pu	rpose	s only								
Person on whose behalf Payment is made																						
Name of the Debtor Reference Party:		e you	are p	aying	the o	ther p	perso	n's bil	l) plea	ase wr		etwee ne oth						d anc	ther p	persor	n (e.g.	