# STANDING ORDER FORM

**Name & Address of Tenant’s Bank:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant’s Bank Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please pay:**  **Allied Irish Bank Plc.,**

 **Main Street,**

 **Swords,**

 **Co. Dublin.**

 **Sort Code: 93-25-23**

 **Fingal County Council**

 **Account No. 06985610**

**IBAN: IE86AIBK93252306985610 BIC: AIBKIE2D**

The sum of €\_\_\_\_\_\_\_ per Week/fortnight/month until further notice, commencing week ending \_\_\_\_\_\_\_\_\_\_\_, it being understood that in no event shall you be responsible or under any liability for any loss or damage occasioned by an omission to make the said payment from time to time.

**For Bank Use:**

**Please note that in order for the payment to be receipted to the correct Fingal County**

**Council Rent account. The exact reference number e.g., R or D or L\*\*, listed below, must**

 **appear as the ‘Message for Statement’ field.**

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| --- |
| **For Tenant(s) Rent Account Number:****It is your responsibility to ensure this payment reference/account number appears with all your payments, failure to do so may result in payment not being correctly receipted to the account.** |

Signature of Payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_