



### SEPA Direct Debit Mandate

Unique Mandate Reference:

\*Creditor Identifier:

By signing this mandate form, you authorise (a) Meath County Council to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from Meath 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 below marked \*

\*Your Name :

\*Your Address:

\*City/postcode

\*Country

\* IBAN

\* Bank Identifier Code (BIC)

\*Creditors Name

Please Return To:  
Meath County Council  
Buvinda House, Dublin Road  
Navan, Co. Meath

\*Type of Payment

Recurrent  **or** One-Off Payment  (Please tick ✓)

\*Date of signing:

\*Signature(1)

\*Signature (2)