



SEPA Direct Debit Mandate

Unique Mandate Reference: (For office use only) ***Customer ID**

***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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

***Name on Bank Account :**

*** Correspondence Address:**

***City/postcode** ***Country**

*** IBAN**

*** Bank Identifier Code (BIC)**

***Creditors Name**

***Type of Payment** Recurrer **or** One-Off Payment (Please tick v)

***Date of signing:**

***Signature(1)**

***Signature (2)**