**Meath County Council - Finance Department - Rates Section**

**Form to be completed in conjunction with SEPA Direct Debit Mandate**

Account Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Id­­­­­­­­­­­­­­­­­­: RV\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Mandatory**)

Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Account Number: RV ID \_\_\_\_\_­\_\_\_\_ (**Mandatory**)

Rates Amount due: **€**\_\_\_\_\_\_\_\_\_\_\_

Amount to be debited: **€\_**\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_ monthly instalments of **€** \_\_\_\_\_\_\_\_\_\_\_\_ from

\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024 to December, 2024.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***PLEASE RETURN THIS FORM AS SOON AS POSSIBLE IN ORDER FOR IT TO BE PROCESSED IN TIME FOR THE NEXT RELEVANT PAYMENT RUN.***

***Please ignore if you already have a current payment plan in place.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| logo-1inch   |  | | --- | |  | |  |  |  |  |  |  |
|  |  | **SEPA Direct Debit Mandate** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Unique Mandate Reference:** | **RV** | | |  |  |  |
| **(For office use only)** |  |  |  |  |  |  |
| **\*Creditor Identifier:** | IE84ZZZ300869 | | |  |  |  |
|  |  |  |  |  |  |  |
| 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 \* | |  |  |  |  |  |
| \*Your Name : |  | | | | |  |
|  |  |  |  |  |  |  |
| \*Your Address: |  | | | | |  |
|  |  | | | | |  |
|  |  |  |  |  |  |  |
| \*City/postcode |  | | \*Country |  | |  |
|  |  |  |  |  |  |  |
| \* IBAN | IE 59 AIBK 932396 45402563 | | | | |  |
|  |  |  |  |  |  |  |
| \* Bank Identifer Code (BIC) | AIBK IE 2DXXXXXXX | | | | |  |
|  |  |  |  |  |  |  |
|  | Please Return To: | |  |  |  |  |
| \*Creditors Name | 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) |  | | | | |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | The Personal information (data) collected on this form, including any  attachments, (which may include the collection of sensitive personal data)  is collected for the purpose of processing this application and any data  collected is subject to Meath County Councils' privacy statement which can  be found at http://www.meath.ie/dataprotection | | | | |  |