

DIRECT DEBIT FORM

Instruction to your Bank to Pay Direct Debits

Customer Details

Customer Number: _____

Tel. Number: _____

Mob. Number: _____

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account and then return the form to Waterford County Council.

To: Waterford County Council, Finance Department, Civic Offices, Dungarvan, Co. Waterford

Originator's Identification Number

3	0	3	1	1	8
---	---	---	---	---	---

1. Please write the name and full postal address of your bank and branch.

2. Name of Account Holder

3. Sort Code

Account Number

Banks may refuse to accept instructions to pay direct debits from some types of account

4. **Customer Authorisation:**

- I instruct you until further notice in writing to pay Direct Debits from my account with you on or after ____ day of **each month** unspecified amounts at the request of Waterford County Council.
- I will inform the Bank in writing if I wish to cancel this Instruction.
- I understand that if any direct debit is paid which breaks the terms of this Instruction, the Bank will make a refund.

Signature(s): _____

Date: _____