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| OFFICE USE ONLY |

Unique Mandate Reference

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By signing this mandate form, you authorise (A) Waterford City & County Council to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Waterford City & County Council. Waterford City & County Council may change the amounts only after giving me prior notice. I shall inform the bank in writing if I wish to cancel this instruction.

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 marked \***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Debtor Name | \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debtor Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eircode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debtor account number - IBAN | \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debtor bank identifier code - BIC | \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Creditor's name | \* | W | A | T | E | R | F | O | R | D |  | C | I | T | Y |  | A | N | D |  |  |  |  |
|  |  | C | O | U | N | T | Y |  | C | O | U | N | C | I | L |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Creditor identifier | \* | I | E | 7 | 1 | A | I | B | K | 9 | 3 | 4 | 0 | 7 | 0 | 2 | 2 | 2 | 9 | 6 | 0 | 8 | 6 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Creditor address | \* | C | I | T | Y |  | H | A | L | L |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | T | H | E |  | M | A | L  | L |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City | \* | W | A | T | E | R | F | O | R | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eircode | \* | X | 9 | 1 |  | P | K | 1 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country | \*  | I | R | E | L | A | N | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type of Payment | \* |  Recurrent Payment |  |  |  |  |  | MC900072629[1] | One off Payment |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of signature | \* |  | D | D | M | M | Y | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Signature(s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Please sign here | \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 \* Rate Account Number:

Contact Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WCCC Office Use Only:­ Scanned  Payment Plan Bank Ref: 