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

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

WCCC Office Use Only:­ Scanned  Payment Plan Bank Ref: 