Waterford City & County Council Commercial Rates – SEPA Core Direct Debit Mandate

Unique Mandate Reference | OFFICE USE ONLY |

Comhairle Cathrach & Contae Phort Láirge
Waterford City & County Council

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.
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 *

Debtor Name	*	
Debtor Address		
City		
Eircode		
Country		
Debtor account number - IBAN	*	
Debtor bank identifier code - BIC	*	
Creditor's name	*	WATERFORD CITY AND COUNTY COUNCIL
Creditor identifier	*	IE71AIBK93407022296086
Creditor address	*	CITY HALL THE MALL
City	*	WATERFORD
Eircode	*	X91 PK15
Country	*	IRELAND
Type of Payment	*	Recurrent Payment ☑ / One off Payment ☐
Date of signature	*	D D M M Y Y
Signature(s)		
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: ☐

Please return completed SEPA Core Direct Debit Mandate to Ms. Caroline Morrissey, Waterford City & County Council, Civic Offices, Dungarvan, Co. Waterford or email carolinemorrissey@waterfordcouncil.ie