

**SEPA Direct Debit Mandate**

UNIQUE MANDATE REFERENCE :

CREDITOR IDENTIFIER: IE59ZZZ305199

Legal Text: By signing this mandate form, you authorise (A) Kilkenny 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 Kilkenny 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:

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_

\*City/postcode

\* Country:

\* Account number (IBAN)

\*Swift BIC

PLEASE COMPLETE & RETURN FORM TO:

\*Creditors Name        KILKENNY COUNTY COUNCIL  
\*Creditors Address Line 1    COUNTY HALL  
\*Address Line 2.         JOHN ST  
\*Country                 KILKENNY

\*Type of payment Recurrent  **or** One-Off Payment  (Please tick ✓)

\*Date of signing:

\*Signature(s)

\* Tel No: