

*Unique Mandate Reference



*Creditor Identifier: IE58ZZZ306284

Section (1): Your Banking Details:

*Your Account Name

*Your Address

Address Line 1 _____

Address Line 2 _____

*City/postcode

* Country

* Account number (IBAN)

*Swift BIC

* **Please complete Sections (1) & (2) and return to the following address:**

Creditors Name: Kerry County Council, Revenue Department,
 Address Line 1: Ashe Memorial Hall, Denny Street,
 Address Line 2: Tralee,
 Address Line 3: Co Kerry

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

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

*Date of signing:

*Signature:

Section (2) :Your Kerry County Council Details:

*Customer ID/Account No:

*Customer Contact Number:

*Customer Email Address: