COMHAIRLE CONTAE AN CHLÁIR
CLARE COUNTY COUNCIL

## SEPA Direct Debit Mandate

Unique Mandate Reference:

*Unique Mandate Reference (UMR) - to be completed by Clare County Council*

By signing this mandate form, you authorise (A) **Clare 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 **Clare 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 statemnet that you can obtain from your bank.

**Please complete all the fields marked \***

| Creditor's name | C L A R E   C O U N T Y   C O U N C I L |
| Creditor identifier | I E 4 8 S D D 3 6 2 0 4 5 |
| Creditor address | N E W   R O A D |
| | E N N I S |
| | C O   C L A R E |
| Country | I R E L A N D |

Type of payment  \*  Recurrent payment  [X]

Customer Name  \*

Customer Address

County

Country

**Customer account number - IBAN  \* PLEASE PRINT**

**Customer bank identifier code - BIC \***

**Signature (s)**

Please sign here  \*

Date of signature  \*  [ D | D | M | M | Y | Y ]

Please return this mandate to Rates Section, Clare County Council, New Road, Ennis, Co Clare V95 DXP2
or email to rates@clarecoco.ie

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**Please indicate your preferred option:**

[ ] *Option 1* - in two payments on 10th April and 10th July each year

[ ] *Option 2* - in monthly installments to be deducted on the 10th of each month

\* Customer ID / Rates Account No:

\* Customer Contact Number:

\* Customer Email Address: