



SEPA DIRECT DEBIT MANDATE

Comhairle Chontae na Gaillimhe

Galway County Council

This form is also available in large print.

Tá míle fáilte romhat an fhoirm seo a líonadh i nGaeilge agus tá leagan Gaeilge den fhoirm seo ar fáil chomh maith.

*Unique Mandate Reference

*Creditor Identifier

IE09ZZZ300861

Legal Text: By signing this mandate form, you authorise (A) Galway 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 Galway 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 below marked *

*Your Name			
*Your Address			
*City/Postcode		*Country	
*Account No (IBAN)			
*Swift BIC No			

*Creditor Name	GALWAY COUNTY COUNCIL		
*Creditor Address	FINANCE DEPARTMENT ARAS AN CHONTAE		
	PROSPECT HILL		
	GALWAY		
*Country	IRELAND		

Type of Payment: Recurrent: ☐ or One-Off Payment: ☐ (Please tick ☒)

*Signature/s:	*Date of signing:
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*Frequency: (Please tick ☒) - RATES

☐ Monthly:

☐ Bi-monthly

☐ Half yearly

☐ Yearly

*Customer Telephone number:

*E-mail:

Galway County Council – Contact Details

CONTACT: Rates Department.

TELEPHONE NO: (091) 509184/217/174

E-MAIL: rates@galwaycoco.ie

WEBSITE: www.galway.ie