

STANDING ORDER Set Up Form

Clare County Council



To the
Manager

Branch
Address

I /We hereby authorise and request you to debit my/ our account

(Details of the account from which payments will be made)

Account Name:

BIC (optional from Feb 1st 2016)

IBAN

and to Credit the Beneficiary/Receiver account

(Details of the account to which payments will be made)

Account Name:

Clare County Council

BIC (optional from Feb 1st 2016)

IBAN

NB: The Beneficiary / Receiver Reference below should begin with RATES followed by a space then your Clare County Council Customer ID / Account Number. ie Rates 1000000

*Beneficiary
/Receiver
Reference

Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic)

Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

Continue Until
Further Notice

Number of
Payments

Amount

Signature

Date

Signature

Date

Contact Number

Please allow 10 working days prior to the first payment due date. Please return the completed form to: Revenue Department, Finance Section, Clare County Council, Áras Chontae an Chláir, New Road, Ennis, Co. Clare for inclusion on our records before transmission to the bank.

Should you have any queries or require assistance completing this form please contact (065) 6846328