

SEPA Direct Debit Mandate Galway City Council

*Unique Mandate Reference



Creditor Identifier: **IE46ZZZ305142**

Legal Text: By signing this mandate form, you authorise

- (A) Galway City 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 Galway City 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.

Customer Name:

Customer Address:

City/postcode:

Country:

Account number (IBAN):

Swift BIC

Creditors Name: **Galway City Council,**
City Hall, College Road,
Galway, Ireland

Please return completed form to this address

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

Date of signing:

Signature(s):

Customer Details

Customer Account Number: _____

Please provide Customer contact details:

Telephone No: _____

Or

Email Address: _____

Please note:

1. The amounts to be debited may vary and may be debited on various dates.
2. You must notify Galway City Council in writing if you wish to cancel this instruction.