

LOUTH COUNTY COUNCIL
PAYMENT PLAN AGREEMENT - RATES

Customer No. _____ Customer Name _____

Amount owed _____

I, the above named, do hereby agree to pay Louth County Council as follows :

Direct Debit

Please complete and sign the reverse side of this page.

Please specify below the start date, and number of months in which to clear arrears.

Please note that when arrears are cleared, your direct debit will continue to pay annual rates.

Cash / Cheque

Please specify below the start date, frequency and amount of payment.

Standing Order

Please forward printed confirmation of your standing order start date, frequency and amount.

Other (e.g. EFT)

Please specify below the start date, frequency and amount of payment.

Details _____

I agree that if any of the above payments do not clear in Louth County Council's bank account it will constitute a break in the agreement. Legal proceedings may be initiated if the payment plan is broken.

Signed: _____

Date: _____

Signed: _____

Date: _____

(On behalf of Louth County Council)