



LOUTH COUNTY COUNCIL

COMHAIRLE CONTAE LU

Unique Mandate Reference

By signing this mandate form, you authorise (A) Louth 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 Louth 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 marked *

Debtor Name

Debtor Address

City

Country

Debtor account number -

Debtor bank identifier code -

Creditor's name

Creditor identifier

Creditor address

City

Country

Type of Payment Recurrent Payment One off Payment

Date of signature

Signature(s)

Please sign here

* Account Number:

*Contact Telephone No: _____ Contact Email Address: _____

LCC Office Use Only: Scanned Payment Plan Bank Ref:

Please return this form to Housing Rents Section, Fair Street, Drogheda, Co.Louth, or drop into our Customer Services Desks in Dundalk, Drogheda, or Ardee