LOUTH COUNTY COUNCIL
COMHAIRLE CONTAE LU

THIS FORM TO BE USED FOR DIRECT DEBIT ONLY

Rent Account No.

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	*	POSTCODE
Country	*	
Debtor account number - IBAN	*	
Debtor bank identifier code - BIC	*	
Creditor's name	*	LOUTH COUNTY COUNCIL
Creditor identifier	*	IE47ZZZ302117
Creditor address	*	COUNTY HALL MILLENNIUM CENTRE DUNDALK
City	*	COUNTY HALL
Country	*	IRELAND
Type of Payment	*	Recurrent Payment ☑ / One off Payment ☐
Date of signature	*	DD MM YY
Signature(s)		
Please sign here	*	

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* Account Number:

*Contact Telephone No: _____ Contact Email Address: _____

LCC Office Use Only: Scanned ☐ Payment Plan ☐ Bank Ref: ☐