

Cork County Council Standing Order Form

RATES

Collection Department Cork County Council Tel: 021 4285252

TT.						Date (DD/MM/YYYY)												
То:	THE MA	MANAGER																
Bank:																		
Address:																		
I/We hereby	authorise	and requ	est you	to debi	t my/	our acc	count	numl	er:									
Sender IBA	N Number										Se	nder .	BIC					
With the am	ount of €		(say)															
And to arad	it Carls Car			aaaunt	numb			(Amo	ount ir	n word	ls)							
And to credit Cork County Council's account number. Bank Branch: AIB Bank, 66 South Mall, Cork																		
Account		er			405		,				,							
BIC AIBKIE2D																		
IBAN Number IE13 AIBK 9341 7870 4051 35																		
Please allov	v 5 Worki	ng Days	prior t	o First	Payn	<u>nent</u>												
Start Date (I	DD/MM/Y	YYY):				Freat	uencv	/ (plea	se tic	k whi	chever	appli	es)					
State Sale (BB/MM2 1111).						Frequency (please tick whichever applies) Weekly Fortnightly Monthly Monthly												
Until Furthe	er Notice		OR			Final	l Payr	nent l	Date (DD/M	IM/YY	YY):						
(Please X b	ox)																	
											l.							
Please que	ote Rates	Accou	ınt Nu	<u>mber</u>	with	each	<u>pay</u>	mer	t as	follo	WS							
Rates Acco	ount Numb	er											_		1		1	
											R		Α					
It shall be up payments	nderstood t	hat the b	ank sha	ll not b	e und	er any	liabil	lity fo	r dam	age o	r loss c	aused	by na	y omis	ssion 1	to mal	ke the	se
NAME	_																	
ADDRESS:	_																	
	_																	
SIGNED:	tod For	m to l	00.00	at to	VOIT!	n Do	nl:											
Comple	ieu ror	m to l	ve ser	ու ա	you	r Da	IIK											