



Cork County Council Standing Order Form

RATES

**Collection Department
Cork County Council
Tel: 021 4285252**

To: THE MANAGER

Bank: _____

Address: _____

Date (DD/MM/YYYY)

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I/We hereby authorise and request you to debit my/our account number:

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Sender IBAN Number

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Sender BIC

With the amount of € (say)

(Amount in words)

And to credit Cork County Council's account number.

Bank Branch: AIB Bank, 66 South Mall, Cork

Account Number **70405135**

BIC **AIBKIE2D**

IBAN Number **IE13 AIBK 9341 7870 4051 35**

Please allow 5 Working Days prior to First Payment

Start Date (DD/MM/YYYY):

Frequency (please tick whichever applies)

Weekly ☐

Fortnightly \square

Monthly ☐

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Until Further Notice

OR

Final Payment Date (DD/MM/YYYY):

(Please X box)

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Please quote Rates Account Number with each payment as follows

Rates Account Number

[illegible]

It shall be understood that the bank shall not be under any liability for damage or loss caused by nay omission to make these payments

NAME _____

ADDRESS: _____

SIGNED: _____

Completed Form to be sent to your Bank