

Cork County Council Standing Order Form LEVY Collection Department Cork County Council Tel: 021 4285252

To: THE MANAGER	Date (DD/MM/YYYY)
Bank:	
Address:	
I/We hereby authorise and request you to de	 bit my/our account number:
Sender IBAN number	Sender BIC
With the amount of €	_ (say)
And to credit Cork County Council's account	(Amount in words) nt number.
Please allow 5 Working Days prior to Fir	
Start Date (DD/MM/YYYY):	Frequency (please tick whichever applies) Weekly Fortnightly Monthly
Until Further Notice <u>OR</u> (Please X box)	Final Payment Date (DD/MM/YYYY):
Please quote Levy Account Number	r with each payment as follows
	L V
It shall be understood that the bank shall not payments	t be under any liability for damage or loss caused by nay omission to make these
ADDRESS:	

SIGNED:

**Completed Form to be returned to your Bank**