

STANDING ORDER SET UP FORM

To the
Manager

--

Branch
Address

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I / We hereby authorise and request you to debit my / our account.
(Details of the account from which payments will be made)

Account
Name:

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Address:

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BIC (optional from Feb 1st
2016)

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IBAN

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and to Credit the Beneficiary / Receiver account
(Details of the account to which payments will be made)

Account

LAOIS COUNTY COUNCIL COUNTY FUND ACCOUNT

Name:

BIC (optional from Feb
1st 2016)

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Laois County
Council IBAN

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Beneficiary
/ Receiver
Reference

						/	L	O	A	N	S																							
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appear on Beneficiary / Receiver statement.

Reference will

Start
(Cannot be
Frequency

Date
historic)

				2	0	2	4
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Weekly Fortnightly Monthly

Quarterly Annually Other

Amounts

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Signature

	Date	
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Signature

	Date	
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Please allow 5 working days prior to the first payment due date.

I understand that by signing this form Laois County Council will obtain and process personal data in accordance with the fulfilment of its functions and its legal obligations. Laois County Council will only use and disclose personal data in ways that are necessary for the purpose(s) for which it is collected. The Council is committed to protecting the privacy of personal data and will at all times comply with Data Protection Legislation, i.e. The Data Protection Acts of 1988-2018 and the General Data Protection Regulations.