STANDING ORDER SET UP FORM					
To the Manager					
Wallagel					
Branch					
Address					
	d request you to debit my / our account which payments will be made)				
(Details of the account from	which payments will be made)				
Account					
Name:					
Address:					
BIC (optional from Feb 1st					
2016)					
IBAN					
and to Credit the Beneficiary / Receiver account (Details of the account to which payments will be made)					
(Details of the account to wi	nich payments will be made)				
Account					
, todain	LAOIS COUNTY COUNCIL COUNTY FUND ACCOUNT				
Name: BIC (optional from Feb 1st					
<u>2016)</u>					
IBAN					
Beneficiary					
/ Receiver Reference					
Reference					
Reference	will appear o				
Beneficiary	/ Receiver sta	atement			
Start Date (cannot be	2024				
historic)					
Frequency W	/eekly Fortnightly Monthly				
Quarterly Annually Other					
Amounts					
Signature	Date				

Signature	Date	

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.