

**DIRECT DEBIT INSTRUCTION**  
**County Rates**

Originiator 301361

**N.B. All sections to be completed**

To: The Manager (Name & Address of your Bank)

\_\_\_\_\_

\_\_\_\_\_

Your instructions to the bank:

- I/We instruct you to pay Direct Debits from my/our account at the request of Donegal County Council.
- I/We understand that Donegal County Council may change the amounts and dates only after giving me/us prior notice.
- I/We shall inform the bank and Donegal County Council in writing if I/We wish to cancel this instruction.
- I/We understand that if any Direct Debit is paid which breaks the terms of the instruction, the bank will make a refund.

Name(s) on Bank Account to be debited: \_\_\_\_\_

\_\_\_\_\_

Customer **Bank** Sort Code: \_\_\_\_\_

Customer **Bank** Account No.: \_\_\_\_\_

**N.B.** Banks may decline to accept Direct Debit Instruction on certain types of Accounts.

Customer **Rate** Account No.: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
TYPE
TOTAL DUE: €
INSTALMENT: €
COMMENCING:

The amounts are variable and will be debited on the 8<sup>th</sup> day of the month to pay my Rates Account. Please tick whichever payment period you require.

(A) MONTHLY  (B) HALF YEARLY  (C) YEARLY

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

When you have completed this instruction, please return to Income Collection Unit, Donegal County Council, County House, Lifford, Co. Donegal.