

Supplier/Grantee Name:





EFT Mandate Form

I hereby authorise that all payments due from the Department of Housing, Local Government and Heritage be paid to the bank / credit union account detailed below.

PRIVACY STATEMENT

The Department is committed to protecting and respecting your privacy and employs appropriate technical and organisational measures to protect your information from unauthorised access. The Department will not process your personal data for any purpose other than that for which they were collected. Personal data may be exchanged with other Government Departments, local authorities, agencies under the aegis of the Department, or other public bodies, in certain circumstances where this is provided for by law. The Department will only retain your personal data for as long as it is necessary for the purposes for which they were collected and subsequently processed. When the business need to retain this information has expired, it will be examined with a view to destroying the personal data as soon as possible, and in line with Department policy. The Department's Privacy Statement and further information on Data Protection can be found on our website at: https://www.gov.ie/en/publication/c7fb8-privacy-statement/

* Supplier/Grantee Address: Please include Eircode		
Telephone Number: *		
Contact Name:		
Tax Reg. /PPS Number: *Charity Reg. Number:	_	
Bank Account Details		
Name(s) of Account *		
Bank / Credit Union Name *		
Bank / Credit Union Address *		
BIC/SWIFT Code * I E		
IBAN Number (below)		
I* E		
Credit Union Account No (only to be completed if account is in a Credit Union)		
Remittance notification e-mail address		
E- Mail Address		
Note - It is important that a generic e-mail address is used if possible so that payment notification messages can be seen by all relevan personnel.	t	
Signed:* Date: *		
Anything marked * must be filled in		