



Supplier ID: _____ (Fingal County Council Use Only)

Supplier Name: _____

Supplier Address: _____

Supplier VAT/PPS Number:

--	--	--	--	--	--	--	--

Bank Account Details

Account Name: _____

Bank Name: _____

Bank Address: _____

Sort Code:

--	--	--	--	--	--

Account No:

--	--	--	--	--	--	--	--	--	--

BIC:

--	--	--	--	--	--	--	--

IBAN Ref: IE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address for Remittance Advice: _____

Contact Name: _____

Telephone No: _____ **Fax No:** _____

Mobile No: _____

We hereby confirm that the above details are correct for the named business and will advise in writing any change in the account details to The Accounts Payable Section, Fingal County Council, County Hall Main Street, Swords, Co. Dublin

Signed: _____
Secretary/Director

Date: _____

This form was sent to you by (see Below) please return your completed form to this member of Staff.

Fingal Staff Name: _____ **Phone:** _____

Dept/Section: _____

Address: _____