

# Household Budget Deduction Instruction Form

REF. NO. \_\_\_\_\_ (for office use only)

Which Social Welfare payment do you receive?  
\_\_\_\_\_

**1** PPS NO. \_\_\_\_\_

NUMBERS                      LETTERS

FIRST NAME(S) \_\_\_\_\_

SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

EIRCODE \_\_\_\_\_

PHONE \_\_\_\_\_

Do you use a Social Services card to collect your payments?

 Yes     No

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

## Local Authority/Housing Body Deduction

**2**

2.1 NAME OF LOCAL AUTHORITY  
\_\_\_\_\_

2.2 BILL TYPE

 Rent     Tenant Purchase     Mortgage

2.3 ACCOUNT NO \_\_\_\_\_

2.4 ACCOUNT HOLDER'S NAME (if different from section 1)  
\_\_\_\_\_

I agree that all requests for changes to deductions or cancellation of Local Authority/Housing Body rent deductions must have the consent and approval of the Local Authority/Housing Body.

I authorise deduction of the sum of € \_\_\_\_\_ being the amount jointly agreed with the above named Local Authority/Housing Body, from my weekly payment from the Department of Social Protection, for remittance to the said Local Authority/Housing Body for credit of the Account described above in accordance with the Agreement.

I further authorise the Local Authority/Housing Body variation of the weekly deduction, at the request of the Local Authority to reflect any revision of Rent calculated in accordance with the Differential Rent Scheme of the Local Authority/Housing Body.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

I confirm the Agreement of the above named Local Authority/Housing Body to the terms as set out and authorise acceptance.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

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

**Local  
Authority/  
Housing Body  
Stamp**

## Utility Deduction (1)

**3**

3.1 NAME OF COMPANY \_\_\_\_\_

3.2 ACCOUNT NO \_\_\_\_\_  
AS IT APPEARS ON UTILITY BILL3.3 ACCOUNT HOLDER'S NAME AND ADDRESS  
(IF DIFFERENT FROM SECTION 1)

FIRST NAME(S) \_\_\_\_\_

SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

EIRCODE \_\_\_\_\_

PHONE \_\_\_\_\_

3.4 DATE EFFECTIVE \_\_\_\_\_

3.5 AMOUNT € \_\_\_\_\_

AMOUNT (in words) \_\_\_\_\_

3.6 I direct An Post to deduct the above amount from my weekly Social Welfare payment and remit such amount to the named company.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_