



Comhairle Buirge Chill Chainnigh

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KILKENNY BOROUGH COUNCIL
CITY HALL • KILKENNY
REP. OF IRELAND

Your Ref:

Our Ref:

Date:

STANDING ORDER

To: The Bank Manager,

RE: ACCOUNT NUMBER _____.(K B C Reference)

I/We hereby authorise and request you to debit my/our _____ Account Number _____ with the sum of €_____ and credit Kilkenny Borough Council, Account Number 10031732, at Bank of Ireland, Parliament Street, Kilkenny, Sort Code 906064, on _____ and at _____ intervals thereafter.

Please ensure that the Customer Account Number _____ is quoted on all transactions with Kilkenny Borough Council.

Until further notice in writing, it shall be understood that the Bank shall not be under liability for damages or loss caused by an omission to make these payments.

Signed: _____ Date: _____

Address: _____

N.B. Please forward this form to your Bank as soon as possible