

AUTHORISATION TO ADD/CHANGE BANK OR CREDIT UNION ACCOUNT DETAILS
(FOR COMPLETION IN RESEPECT OF AGRICULTURAL SCHEME PAYMENTS)

Please send **all** Department of Agriculture, Food and the Marine Payments directly to the Bank Account detailed below.

Important to note- If you provide incorrect Bank Details, there is a risk that Payment(s) will be paid into an Account that is not yours. It is your responsibility at all times to make sure that the Bank Details you provide are correct and up to date.

Full Name(s): _____

Address: _____

Telephone Number: _____

PPS / TAX Number(s): _____

Herd Number: _____
(If Applicable)

Forestry Number: FO _____
(If Applicable)

Other Identifier Number: _____
(e.g. Tams / Regd Farm Partnership No.)

BANK/CREDIT UNION* ACCOUNT DETAILS

Bank/Credit Union Account No: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Bank/Credit Union Sort Code: |_|_|_|_|_|_|_|_|_|_|_|_|_|

IBAN No:

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Swift / BIC Code: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Name of Bank/Credit Union Account Holder: _____

Name of Bank/Cr Union: _____

Address of Bank /Cr Union: _____

Signature of Applicant/ Joint Applicants: _____

Date: _____ **Date:** _____

Authorised Signatory: _____ **Date:** _____
(In the case of a Company or Registered Farm Partnership)

RETURN TO: Direct Credit Section, Department of Agriculture, Food and the Marine, Farnham St., Cavan, Co. Cavan H12 D459. Should you have any query contact Tel: 049 4368283

OFFICAL USE ONLY – Bank Details Entered – SIGNED _____ CHECKED _____