

**An Príomh-Aturnae Stáit**

THE CHIEF STATE SOLICITOR

Osmond House, Little Ship Street, Dublin 8, Ireland

Tel: 00353 1 4176100 Fax: 00353 1 4176299

##  EFT AUTHORISATION FORM

## Bank Details for the purpose of Supplier Payment

## Via Electronic Funds Transfer

|  |
| --- |
| **DETAILS TO BE COMPLETED BY SUPPLIER** |
| **Supplier Name:** |  |
| **Contact Address:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |
| **Fax No:** |  |
| **Are you registered for VAT?** | **YES 🞎 NO 🞎** |
| **VAT No:** |  |
| **Name of Bank:** |  |
| **Bank Sort Code:** |  |
| **Bank Account No:** |  |
| **BIC Code:**  |  |
| **IBAN:** |  |

**I hereby authorise that all future payments due from the Chief State Solicitor’s Office be paid directly to the Bank Account detailed above**

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

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

## PLEASE RETURN THIS FORM TO:

## CHIEF STATE SOLICITOR’S OFFICE,

## OSMOND HOUSE,

## LITTLE SHIP STREET,

**DUBLIN 8.**

## By fax to 01 4176299 Or e-mail to accountsmail@csso.gov.ie