Customer Application Form

Ray Whelan Ltd.

Kennedy Street, Carlow

Phone 059 9147678 Fax 059 9135219

Office Use Only
Account:

Bin Location

Customer Details

Select one:	Mr	Mrs	Ms
First Name:			
Surname:			
Company Name:			
Address:			
Town:			
County:			
Phone:			
Mobile:			
Email:			
No. Of Bins:			

Billing Address If Different

Select one:	Mr	Mrs	Ms
First Name:			
Surname:			
Company Name:			
Address:			
Town:			
County:			

Payment Method

Cash ☐ Cheque ☐ Direct Debit ☐

Monthly ☐ Quarterly ☐ Every 4 Months ☐ Annual ☐ Bi Annual ☐

All Payments Must Be Made In Advance. If Paying By Cheque, Please Attach A Cheque With This Application.

From Time To Time We may Circulate Information To You From Selected And Related Services.

Tick This Box If You Rather Not Receive Such mailings ☐

Direct Debit Mandate

Originator's Identification Number 302169

Originator's Reference **(office use only)**

TO THE MANAGER

Bank Name

Address

Name Of Account Holder

Branch Code ☐☐☐☐☐☐ Account No. ☐☐☐☐☐☐☐☐

I instruct you to pay direct debit from my account at the request of Ray Whelan Ltd.

The amounts are variable and may be debited on various dates.

I understand that Ray Whelan Ltd. may change the amounts and dates only after giving me prior notice.

I shall inform the bank in writing if I wish to cancel this instruction.

I understand that if any direct debit is paid which breaks the terms of the instruction, the bank will make a full refund.

Signature:_____ Date: _____

Banks may decline to accept instructions to pay direct debits from some types of accounts