

Supplier Set up Request Form

Section A To be completed by Longford Co Co Staff



Tick Appropriate box Setup Amend - enter supplier ID

Please indicate category of supplier

NB This box must be completed

Supplier set up requested by: _____

Section _____

- | | | |
|-----------------------------------|---------------------------|----------------------------|
| 1 = Trade Supplier | 2= Expenses (Staff) | 3=Higher Education Grants |
| 4=Other Grants eg Housing/Amenity | 5=Other Local Authorities | 6=Revenue Commissioners |
| 7= Other Payroll Deductions | 8=Superannuation Award | 9=Housing Loans |
| 10=Members | 11=RAS Landlords | 12=Local Enterprise Office |
| 13=Refunds | | |

Section B To be completed by Applicant

(Supplier) Applicant Name	
(Supplier) Applicant's Address	
Eircode/Postal Code	
Phone Number	
Email Address for Remittances	
Tax Reference Number /PPS Number *	
Credit Union/Bank Name & Address	
Bank Account Number	
Bank Sort Code	
Credit Union Account Number (if applicable)	
IBAN	
BIC	

I authorise the use of Electronic Funds Transfer for payments into the account above.

Signed _____ Dated _____

A copy of the top of your bank statement showing your name and account number must be submitted
Please sign this form as typed signatures will not be accepted

Please note if there are any changes in the details above you must notify Longford County Council in writing by email to AccountsPayable2@longfordcoco.ie or by post to Accounts Payable, Longford County Council, Great Water Street, Longford N39NH56.

Check List: Form Completed
 Form Signed
 Bank Statement Attached

Supplier ID _____
<i>Official Use Only</i>

* Please note your PPSN/ TRN is required by LCC to verify tax clearance status if applicable and will also be used when submitting returns to Revenue as required