To the Manager

Branch Address

**I /We hereby authorise and request you to debit my/ our account**

*(Details of the account from which payments will be made)*

Account Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

BIC (**optional**

1s1

IBAN

*Details of the account to which payments will be made*

Account

Name: ***HAP SHARED SERVICES CENTRE LIMERICK CITY & COUNTY COUNCIL***

BIC

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **I** | **B** | **K** | **I** | **E** | **2** | **D** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I** | **E** | **3** | **7** | **A** | **I** | **B** | **K** | **9** | **3** | **5** | **4** | **7** | **6** | **0** | **7** | **9** | **3** | **6** | **0** | **3** | **4** |

IBAN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **H** | **A** | **P** |

\*Reference

(***Your* HAP Recipient/Customer ID *+ HAP****) to identify your payment*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Start Date



Frequency: **Weekly**  Duration: **Until further notice**

Weekly Amount

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| € |  |  |  |  | **.** |  |  |

|  |  |  |
| --- | --- | --- |
|  | Date |  |

Signature

|  |  |  |
| --- | --- | --- |
|  | Date |  |

Signature

**Please allow 5 working days prior to the first payment due date.**

***Standing Order Advice Sheet***

1. Complete the Standing Order form and submit directly to your bank

1. The Housing Assistance Payment Shared Services Centre cannot submit/amend your Standing Order

1. Until your weekly Standing Order is in place with your bank, you can avail of the following payment

options to ensure your weekly Hap rent is paid.

* Phoning 061- 529654 **(Pin No & HAP Recipient/Customer ID required)**.
* Online at [https://happayments.limerick.ie](https://happayments.limerick.ie )**(HAP Recipient/Customer ID & Password Required)**.
* HAP Bill Pay Card in anyPost Office or any shop displaying the sign to pay your weekly rent.

*Your local POSTPOINT shop can be located on*[*www.postpoint.ie*](http://www.postpoint.ie/).

* [mybills.ie](http://www.mybills.ie/) (Select the HAP Shared Services Centre – **HAP Recipient/Customer ID No. required**)

1. Please check your bank account weekly. If you notice a payment was not made as there was a lack of funds

in the account to meet the Standing Order, you must make other arrangements to pay the weekly rent –

please see point 3

1. If you change your bank provider, please ensure you set up your HAP Standing Order immediately. The

Reference must be your HAP recipient/Customer ID No. followed by the letters HAP,

For example *1234567HAP*

1. If you submit your Standing Order with the incorrect reference number, the Housing Assistance Payment

Shared Services Centre will ask you to submit the following:

* Current bank statement with your name, address, IBAN and BIC number showing all transactions

to the HAP Shared Services Centre.

* Evidence of the incorrect reference number submitted originally.

**If you require any further guidance, please contact the Housing Assistance Payment, (HAP), Shared Services Centre directly on 061-556600 – option 1 tenant**