



# Electronic Funds Transfer Mandate Form

To be completed when setting up staff and students for refunds **Only**. Return completed form to Supplier Payments, MSLETB, St. George's Terrace, Carrick-On-Shannon, Co. Leitrim N41 W2X7  
or send form to [supplierpayments@msletb.ie](mailto:supplierpayments@msletb.ie)

**Staff/Student No:** \_\_\_\_\_  
(office use only)

**Staff/Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Country:** \_\_\_\_\_

**EirCode/Zip Code:** \_\_\_\_\_

**Nature of Service:** **Erasmus Student Placement**

**E-Mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

<b>Name of Account Holder:</b> _____
<b>Bank Name:</b> _____
<b>Branch Address:</b> _____
<b>Country of Origin:</b> _____
<b>IBAN:</b> _____
<b>BIC/SWIFT:</b> _____
<b>Credit Union Account Number:</b> _____

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

**FOR OFFICE USE ONLY**

SUPPLIER NO:	<input type="text"/>	ENTERED BY:	<input type="text"/>	DATE ENTERED:	<input type="text"/>
		REVIEWED BY:	<input type="text"/>	DATE ENTERED:	<input type="text"/>

