An Roinn Coimirce Sóisialaí
Department of Social Protection
www.welfare.ie

For Office use only
Panel No:

Only to be completed if bank account details have never been submitted or differ From those previously submitted

EFT Payment Authorisation Form

Panel No: _____

Doctor's Name: _____

Address: _____

_____

Tax Registration Number: _____

E-mail remittance address: _____

Phone No: _____

I HEREBY AUTHORISE THAT ALL FUTURE PAYMENTS DUE FROM THE DEPARTMENT OF SOCIAL PROTECTION BE PAID DIRECT TO THE BANK ACCOUNT DETAILED BELOW

BANK ACCOUNT DETAILS

Name of Account Holder: _____

Name of Bank: _____

Address of Bank Branch: _____

Bank Branch Sort Code	Bank Account Number

BIC/SWIFT Code

IBAN Number

Signed: _____ Date: _____
(Doctor's Signature)

Name: _____
(BLOCK LETTERS)

For Office Use only

Input: Approved: