****

**Vtos**

**Paypath Mandate Form 2024-25**

I hereby authorise Shared services to send my payments direct to my bank account as detailed below. I will notify the VTOS Co-Ordinator of any changes and I undertake to repay any payment lodged to my account to which I am not rightfully entitled.

**Name (Block Letters)**

**Bank Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Address**

**BANK BIC NUMBER**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | x | x | x |

**BANK IBAN NUMBER**

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

**Name of Bank Account Holder** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different from above)

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note that failure to complete form fully will delay your application. A copy of your bank account details must be attached to this form. Otherwise form will not be processed.***

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**Official use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **ALLOWANCES** | **AMOUNT** | **ALLOWANCES** | **AMOUNT** |
| **Personal**  |  | **Meal** | €4 |
| **Adult Dependent** |  | **Travel** |  |
| **Child Dependent** |  | **Fuel**  |  |
|  |  |  |  |

I certify that the student above has joined the Cork ETB vtos program and the guideline documentation procedures have been complied with.

**Authorised for set up**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Coordinator