**Grantee Bank Details for Electronic Fund Transfer**

**Please note this form is only required for first time grantees or if you have not already supplied the company bank Details to IDA Ireland Finance Department.**

**Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CIS ID:** **\_\_\_\_\_\_\_\_\_\_\_ (IDA Ireland Office Use Only)**

**Bank Account Details**

**Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note the Account name must match the grantee name.**

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

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

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**Sort Code:**

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**Account No:**

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**IBAN Ref:**

Please attach verification of the above Bank Details on Bank Headed Paper (such as a bank statement, or correspondence from bank).

## Email Address for Remittance Advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We hereby confirm that the above details are correct for the named business and will advise in writing any change in the account details to The Accounts Payable Manager, IDA Ireland, 3 Park Place, Hatch St, Dublin 2, D06 FX65.

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

**Secretary/Director**