

1. Bank details

MAST COMPENSATION PAYMENT INSTRUCTION FORM

ESB requires the information requested on this application to enable us to set up and manage your MAST Compensation. The data controller is the ESB Networks. Please refer to our privacy policy at https://esbnetworks.ie/privacy

Please complete this form authorising ESB Networks payments be made directly to your bank account.

Payments can only be made to Irish Bank and Credit Union accounts at present.

2. 24 40.44.10				
I hereby authorise ESB Networks following Bank Account.	s to make any payments to me	under the above scheme by Direct Debit to the		
The details requested in this sect	ion are all contained on your E	ank Statement		
Bank Name (Irish Bank and Cred	it Union)			
Bank Address				
Account Name				
Bank Account No Bank Sort Code BIC*				
IBAN*				
Note: *IBAN and BIC are available	e on your bank statement or fro	om vour bank		
	,	,		
2. Declaration				
The authority will remain in force				
The Grantor Reference Numbe The Grantor Number always be	=			
Grantor Reference No (for existing				
Name (in block capitals)	g customers omy,			
Address				
		1		
Signature:		Date:		
Contact number:				

3. Instructions

Completed forms may be returned in the enclosed Freepost envelope to:

Mast Administration, ESB Networks, Sarsfield Road, Wilton, Cork, T12E367, Ireland.

Note:

Payment in accordance with these instructions shall discharge ESB Networks from any further liability. ESB Networks shall not accept responsibility in the event that the bank account details submitted by you are incorrect.

FOR INTERNAL USE ONLY			
Input by:	Date:	Checked by:	Date: