



Direct Payment to an Account in a Financial Institution

- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

Part 1

Your own details

1. Your PPS Number:

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2. Title: (insert an **X** or specify)Mr. ☐Mrs. ☐Ms. ☐

Other

--	--	--	--	--	--	--	--

3. Surname:

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4. First name(s):

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Contact Details

5. Your address:

6. Your telephone number:

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MOBILE

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LANDLINE

7. Your email address:

Declaration

I wish to have my Social Welfare payment paid directly into my account. I declare that the information I have given on this form is accurate. I will tell the Department when my circumstances change.

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Signature (not block letters)

Date:

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Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



8. Type of payment:

Financial Institution

You can get your payment direct to your current, deposit, savings or standard bank account in a financial institution. Please complete details below.

You will find the following details printed on statements from your financial institution.

Name of financial institution:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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For office use only

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M	M																				
2	0																				
Y	Y	Y	Y																		
Signature of officer																					



Send this completed application form to:

Please note that if you are receiving more than one payment separate forms must be completed for each payment and returned to the relevant address.

If you are getting any of the following payments:

Send this form to:

- State Pension (Contributory)
- State Pension (Non-Contributory)
- Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension
- Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension
- Blind Pension
- Widow's or Surviving Civil Partner's Pension under the Occupational Injuries Benefit Scheme
- Guardian's Payment (Contributory or Non-Contributory)
- Deserted Wife's Benefit
- Deserted Wife's Allowance

Social Welfare Services
College Road
Sligo

LoCall: 1890 500 000
Phone: 071 915 7100

- Invalidity Pension
- Disability Allowance
- Carer's Allowance
- Carer's Benefit
- Working Family Payment

Social Welfare Services
Ballinalee Road
Longford

LoCall: 1890 927 770
Phone: 043 334 0053

- Child Benefit

Social Welfare Services
St. Oliver Plunkett Road
Letterkenny
Co. Donegal

LoCall: 1890 400 400
Phone: 074 916 4496

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.



Send this completed application form to:

- **One Parent Family Payment**
- **Jobseeker's Payments**
- **Jobseeker's Transitional Payment**
- **Supplementary Welfare Allowance**

Send this form to the office dealing with your payment.

- **Back to Education Allowance**

Social Welfare Services

Shannon Lodge
Carrick-on-Shannon
Co Leitrim

LoCall: 1890 927 999
Phone: 071 915 7100

- **Illness Benefit**
- **Injury Benefit**

Social Welfare Services

Áras Mhic Dhiarmada
Store Street
Dublin 1

LoCall: 1890 928 400
Phone: 01 704 3300

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.gov.ie/deasp/privacystatement or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

OK 03-20

Edition: March 2020

