

4**Confirmation of Beneficiary Bank Account details**

DCYA Reference Number _____

Legal Name (must match legal name on form 4) _____

Service Name _____

Service Address _____

Primary Authorised User (PAU) Email: _____

(must match email on forms 4 and 6)

The PAU MUST be the legal owner or person authorised by the Board to act on behalf of the organisation. The email address provided must be accessible to the PAU only.

I wish to nominate the following Bank Account into which funds for the following Programme(s) will be transferred by Electronic Funds Transfer, EFT:

CCS Plus: ECCE: TEC(CETS/ASCC/CEC):

Bank Name _____ (e.g AIB, BOI)

Bank Branch _____

Sort Code _____ (6 digits only)

Bank Account Name _____

Bank Account Number _____ (8 digits only)

IBAN Code _____ (22 alphanumeric)

BIC Code _____ (11 alphanumeric)

Signature 1 _____ Signature 2 _____

Print Name _____ Print Name _____

Legal Structure:	Position 1:	Position 2:
Limited	Director	Director
Sole trader	Owner	N/A
Partnership	Owner	Owner
School board of management	Chairperson	Secretary/Vice Chairperson

Position 1 _____ Position 2 _____

Date _____ Date _____

Internal Use Only :

URN: _____ (HUB) B Code _____ (SUN)

Bank Account details input against Organisation (HUB) and onto SUN
Bank details linked to Contract (PIP) and checked in SUN

Input by: _____ Approved by: _____

Date: / / Date: / /

(Signed document to be scanned and attached to bank entity in HUB once input AND reviewed)