

Household Budget Deduction Instruction Form

REF. NO _____ (for office use only)

Which Social Welfare payment do you receive?

PPS NO. _____
NUMBERS LETTERS

FIRST NAME(S) _____

Do you use a Social Services card to collect your payments?

SURNAME _____

Yes No

ADDRESS _____

SIGNED: _____

COUNTY _____

PHONE _____

DATE: _____

Local Authority/Housing Body Deduction

2

2.1 NAME OF LOCAL AUTHORITY _____

2.2 BILL TYPE

Rent Tenant Purchase Mortgage

2.3 ACCOUNT NO _____

2.4 ACCOUNT HOLDER'S NAME (if different from section 1) _____

I further authorise the Local Authority/Housing Body variation of the weekly deduction, at the request of the Local Authority to reflect any revision of Rent calculated in accordance with the Differential Rent Scheme of the Local Authority/Housing Body.

SIGNED: _____ DATE: _____

I agree that all requests for changes to deductions or cancellation of Local Authority/Housing Body rent deductions must have the consent and approval of the Local Authority/Housing Body.

I confirm the Agreement of the above named Local Authority/Housing Body to the terms as set out and authorise acceptance.

I authorise deduction of the sum of € _____ being the amount jointly agreed with the above named Local Authority/Housing Body, from my weekly payment from the Department of Social Protection, for remittance to the said Local Authority/Housing Body for credit of the Account described above in accordance with the Agreement.

Signed: _____

Position: _____

Date: _____

Local Authority/
Housing Body
Stamp

Utility Deduction (1)

3

3.1 NAME OF COMPANY _____

3.4 DATE EFFECTIVE _____

3.2 ACCOUNT NO _____
AS IT APPEARS ON UTILITY BILL

3.5 AMOUNT € _____

3.3 ACCOUNT HOLDER'S NAME AND ADDRESS
(IF DIFFERENT FROM SECTION 1)

AMOUNT (in words) _____

FIRST NAME(S) _____

3.6 I direct An Post to deduct the above amount from my weekly Social Welfare payment and remit such amount to the named company

SURNAME _____

SIGNED: _____ DATE: _____

ADDRESS _____

COUNTY _____