Revised November 13

Foirm Bank 1/Bank Form 1

# IARRATAS AR IOCAIOCHT PHINSIN TRID AN BHANC (RIACHTANACH)

# APPLICATION FOR PAYMENT OF PENSION THROUGH A BANK (MANDATORY)

**Ainm /Name:**

**Seoladh Baile/Home Address :**

Ní mór gach comhfhreagras a eisiúint chuig an Seoladh Baile/
All correspondence must issue to the Home Address

**Uimh.Teileafóin Baile/Home Phone No.:**

**Uimh. PSP/PPS No.:** (litir/litreacha/letter(s)

**Uimh.Phárolla/Payroll No.:**

## SONRAI CUNTAIS BAINC/BANK ACCOUNT DETAILS

**Cód Sortála Bainc/Bank Sort Code :** - -

**Uimhir Chuntais/Account No.:**

**Cuntas IBAN/A/C IBAN :**

**BIC Chuntas/SWIFT / Account BIC/SWIFT :**

**Ainm agus Seoladh an Bhainc:**
**Bank Name & Address:**

**Síniú an iarratasóir/**
**Signature of applicant:**

**Síniú 2ú Cuntas Sealbhóir/**
**Signature 2nd Account holder:**
(Cuntais Comhchoiste Amháin /
Applies to Joint Accounts Only )

**Dáta/Date :**

**Dáta/Date :**

## Údaraítear/Declaration

Is mian liom go n-íoctar mo phinsean díreach isteach i mo chuntas bainc.
Is léir dom go mbeidh méid ar bith den phinsean atá ag teacht chugam go cuí ar lá mo bháis iníoctha le m'eastát ar na ceanglais dlí riachtanacha a chur i gcrích. Is mian lion go n-íochtar mo tuarastail í € (euro) amhain.

I understand that my pension will be paid directly to my bank account.
I understand that any amount of pension properly due to me at the date of my death will be payable to my estate on completion of the necessary legal requirements. I understand that my payments will be made in € (euro) only.

**Síniú an iarratasóir/**
**Signature of applicant:**

**Síniú 2ú Cuntas Sealbhóir/**
**Signature 2nd Account holder:**
(Cuntais Comhchoiste Amháin /Applies to Joint Accounts Only )

**Dáta/Date :**

**Dáta/Date :**

## SEOLADH POST DON FHOIRM COMHLÁNAITHE/POSTAL ADDRESS FOR COMPLETED FORM

**Ionad:** Párolla Scortha
An Roinn Oideachais agus Scileanna
Corr na Madadh
Ath Luain
Co. na hIár Mhí

**Unit:** Retired Payroll
Department of Education and Skills
Cornamaddy
Athlone
Co. Westmeath

**rphost/email:** rtps@education.gov.ie

## ÚSÁID OIFIGIÚIL AMHÁIN/OFFICIAL USE ONLY

**GRP & Uimh. Phears/Input for Pay Issue:** 17

**Síniú/Signed:**

**Scrúdaithe/Checked:**

**Dáta/Date:**

**Dáta/Date:**