



SUPPLIER SET UP/AMEND FORM

NOTE: Part 1: To be completed by Company/Individual/Organisation
Part 2: Only to be completed by relevant point of contact/Department of Leitrim County Council

PART 1 COMPANY/INDIVIDUAL/ORGANISATION DETAILS	
SUPPLIER NAME:	
ADDRESS:	
EIR CODE:	
EMAIL ADDRESS:	
CONTACT TELEPHONE NO:	
PPS NUMBER:	
VAT NO/TAX REF NO:	
COMPANY REGISTRATION NO:	
CHARITABLE STATUS NO:	
NAME OF BANK:	
ADDRESS OF BANK:	
CURRENT ACCOUNT NAME: *Please attach copy of Bank Statement Header confirming these details	
CURRENT ACCOUNT NO:	
BANK SORT CODE NO:	
IBAN:	
BIC:	
SUPPLIER'S AUTHORISED SIGNATORY: _____ POSITION HELD: _____	
Please return this form together with a copy of your Bank Statement Header to the Relevant Point of Contact/Department within Leitrim County Council.	

PART 2: ONLY TO BE COMPLETED BY RELEVANT POINT OF CONTACT/DEPARTMENT WITHIN LEITRIM COUNTY COUNCIL	
Requested by: _____ Name of Staff Member	Department: _____ Date: _____
<i>Be aware that fraudsters may attempt to use this document as an opportunity to re-direct payments to scam accounts. Please remember to verbally verify any requests to set up or change account details on a known and trusted contact number.</i>	
Authorisation by Head of Department:	
I _____ (Name) _____ (Position), hereby confirm that the above SUPPLIER BANK DETAILS have been VERBALLY VERIFIED WITH THE SUPPLIER and authorise that this Supplier' details be set up/amended on Agresso for payment per details provided above.	