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**Payment Mandate AUSTRIA for payment in EUR**

**Application for payment by direct deposit into a bank account**

**PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NEW [✓]** |  |  | **AMENDMENT [✓]** |  |

1. Fill in the form in CAPITAL LETTERS. Complete account number from the left & include any dashes (-).
2. Complete Parts 1 and 2. Your bank will help you if you are not sure of the branch/bank codes.
3. Sign Part 3.
4. If you have nominated a cheque account, please attach a cheque, clearly marked ‘**CANCELLED**’, to this form.

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| **PART 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forename(s) Surname  Your Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Reference Number if you have one: | | | | | | | | | | **FI2/** | | | |  | | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |  |
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| **PART 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank or Financial Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Branch of Bank or Financial Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Address of Bank or Financial Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Code/Bankleitzahl: | | | | |  |  |  |  |  | |  | | | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWIFT Code of institution where your account is held or head office: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  | |  | |  | |  | |  |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number: | | | | |  |  |  |  |  | |  |  |  | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| IBAN: | | | | | **A** | **T** |  |  |  | |  |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | | | | |
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| *[International Bank Account Number]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The Account is in the Name(s) of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 3 Please sign below** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please pay my pension payments by direct deposit to the account noted above:**  Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Created (✓):** |  | | **Amended (✓):** | | |  |  | | | | | | | | **Inputter:** | | | | | | | | |  | | | | | | | | **Date:** | | | | | |  | | | | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  |
| **Other (specify):** | |  | | | | | | | | | | | | | **Authoriser:** | | | | | | | | |  | | | | | | | | **Date:** | | | | | |  | | | | | | |  |
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