|  |
| --- |
| **Bord Oideachais agus Oiliúna Dhún na nGall**  |
| **Donegal Education and Training Board** |



**PARENT/GUARDIAN REFUND APPLICATION FORM**

Dear Parent/Guardian,

***Please Note: A Republic of Ireland Bank Account is required for EFT payment.***

***Failure to supply the required information below will result in payments being withheld pending receipt of the information requested below.***

Therefore, we request that you complete in full and return the ELECTRONIC FUNDS AUTHORISATION below to:

**The Finance Division, Donegal ETB Administrative Offices, Ard O’Donnell, Letterkenny,**

**Co Donegal F92 DP98**



I hereby authorise Donegal ETB to lodge all payments due to this Parent, to the account details supplied herewith. I undertake to repay any payment(s) lodged to this Bank Account, to which I am not rightfully entitled. I declare that all information supplied by me in relation to the above is both true and accurate.

Parent(s)**/**Guardian(s) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_