



ROS Debit Instruction (RDI)

1. You are permitted to nominate **ONE** account from which payments will be debited.
2. If you are unsure of your account details, please check them on your chequebook or account statement.
3. If you wish to use a different account for separate Registrations and Taxheads you will need to complete a separate RDI for each account.
4. Revenue will only debit your account when you authorise a payment using the ROS Debit Instruction.
5. The RDI can be amended at a later stage by amending it online through your ROS Secure Services or by contacting the ROS Payment Unit at the address below
6. A Direct Debit Guarantee applies to this RDI and it can be viewed at www.revenue.ie.
7. Once completed and signed this form should be sent to the address below.

ROS Payment Support Unit,
 Collector General's Office,
 1st Floor, Sarsfield House, Francis St,
 Limerick.
 Tel: 01 738 36 63
 Ext. 55623, 55624, 56742
 Direct Dial: (061) 488614, (061) 488374
 Fax: (061) 489014

I/We wish to e-file for the taxes & registrations detailed across. I/We understand that deductions will ONLY be taken if I/We make a payment via ROS.

I/We understand that my/our Agent may e-file returns on my/our behalf and that this RDI will be used for payment of such returns.

Registration Number

PAYE/PRSI	<input type="text"/>
VAT	<input type="text"/>
Income Tax	<input type="text"/>
Corporation Tax	<input type="text"/>
Capital Gains Tax	<input type="text"/>
Dividend Withholding Tax	<input type="text"/>
Professional Services Withholding Tax	<input type="text"/>
Investment Undertaking Tax	<input type="text"/>
Life Assurance Exit Tax	<input type="text"/>
Deposit Interest Retention Tax	<input type="text"/>
Special Savings Incentive Tax	<input type="text"/>
Environmental Levy	<input type="text"/>
Relevant Contracts Tax	<input type="text"/>
Capital Acquisition Tax	<input type="text"/>
Betting Duty	<input type="text"/>
Air Travel Tax	<input type="text"/>
Excise License	<input type="text"/>
Stamp Duty	<input type="text"/>

Contact Telephone Number _____

Contact Name _____

This ROS Debit Instruction (RDI) authorises your agent/Revenue to set up an RDI on your behalf

1. The Manager _____

Bank

Branch

Address

2. Account Name _____

Account Holder

3. _____

Account Holder Address

4. Sort Code - -

5. Account Number

I/We instruct you to pay direct debits from my/our account at the request of the Collector-General

I/We understand that if any direct debit is paid which breaks the terms of the instruction, the bank will make a refund.

Banks may return direct debits presented on some types of account.

Signature(s) _____

Instruction Number
(For official use only)