



Grant Repayment Form - Option 2 Only

Request to Pay in Instalments

Applicant Name: _____

SUSI Application Number: W_____

If you wish to pay over a number of instalments by bank transfer, please fill out this form and return it to SUSI within two weeks at support@susi.ie or by post to:

Repayments Unit

Student Universal Support Ireland

PO Box 869

Little Island

Cork

Please note that the minimum instalment amount is €20 and the maximum repayment term is three years.

Please indicate below your preferred method of repayment:

Frequency	Amount per Instalment	Number of Instalments	Total Repayment Amount	Tick preferred option
Weekly			€	
Monthly			€	

Email Address: _____

Phone Number: _____

Signature: _____

Date: _____

SUSI will review your request and send you an email outlining the next steps. Please email any queries to support@susi.ie