



**SEPA Direct Debit Mandate**

Please complete all fields marked\*

By signing this mandate form, you authorise (a) Avant Money to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instructions from Avant Money. As part of your rights you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date in which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**Account Holder**

\*An Post Money Account No

\*Customer Name(s)

\*Customer Address

\*Eircode  \*Country

Telephone Number

**Debiting Account Details**

\*IBAN

BIC

**Type of payment**

Recurring Payment **Please tick one of the following:** Full Payment **or** Minimum Payment

**Signature(s)**

If your account is a joint account requiring all signatures for withdrawals, then all parties named on this account must sign the form

\*Signature:  Date of signature:   /   /

\*Signature:  Date of signature:   /   /

**Unique Mandate Reference (to be completed by Avant Money)**

**Name of Creditor**

Name: **Avant Money**  
 Address: PO Box 25, Dublin Road, Carrick-on-Shannon, Co. Leitrim  
 Creditor Identifier: IE30ZZZ360526  
 Please return this mandate to the above address.