

SEPA Direct Debit Mandate



Unique Mandate Reference	P	A	R															-				
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Creditor Identifier	IE72ZZZ303510
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By signing this mandate form, you authorise (A) An Post (Parcels Section) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from An Post (Parcels Section).

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 on which your account was debited.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

Name of Bank Account Holder:	*	<input type="text"/>
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(Name on Debtor's Bank Account)

Bank Account Holder Address:	*	<input type="text"/>
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City/Post Code:	*	<input type="text"/>
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Country:	*	<input type="text"/>
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Bank Account Holder's IBAN Number:	*	<input type="text"/>
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(Please enter IBAN number as printed on your bank statement starting at the top left hand corner box)

Bank Account Holder Identifier Code - BIC / SWIFT:	*	<input type="text"/>
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Please return to:

Creditor Name:	An Post (Parcels Section)
Creditor Address:	Room 2D, GPO
City:	O'Connell Street
Country:	Dublin 1
	Ireland

Type of Payment:	Recurrent payment	<input checked="checked" type="checkbox"/>
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Date of signature:	*	<input type="text"/>
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Signature(s):	*	<input type="text"/>
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(Authorised Signatories of Bank Account Holder above)

Block Capitals:	*	<input type="text"/>
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