

Application for Postal Account Facility



Customers may avail of an account facility for a number of services including, meter loadings, bulk mailings etc. There are two payment options:

- (a) deposit account
- (b) funds transfer

The deposit account option requires the customer to pay a deposit equivalent to the estimated value of an average of six weeks mailings (minimum deposit €5,000), which is held in trust by An Post. The customer is invoiced monthly for mailings with payment due five working days after billing. Invoices in respect of deposit top-ups are due for payment within seven days of the date of billing.

The funds transfer option requires payment by Direct Debit (DD)/Standing Order (SO) on a monthly basis, on the 15th of the month, equivalent to the estimated value of an average month's postage, with any under and over payments being adjusted on a periodic basis. In the case of Direct Debit the under/over payment will be reflected in the payment in the month following month of invoice.

| | | | | |
|------------------------------|----------------------------------|------------------------------|---|-----------------------------|
| Name | | | | |
| Address | | | | |
| Telephone | | | | |
| Fax | | | | |
| CRO Number/VAT Number | | | | |
| Payment Arrangement | <input type="checkbox"/> Deposit | Amount € | <input type="checkbox"/> Funds Transfer | Amount € |
| Payment Method | <input type="checkbox"/> Cheque | <input type="checkbox"/> EFT | <input type="checkbox"/> DD | <input type="checkbox"/> SO |

Please provide below the details of the person who will authorise payment of invoices.

| | |
|------------------------------|--|
| Name (block capitals) | |
| Job Title | |
| Address | |
| Telephone | |
| Email Address | |

Has your company traded with An Post previously? If so, please indicate below the services you have used:

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| |

| Bank Details | |
|----------------|--|
| Account Name | |
| Account Number | |
| Sort Code | |
| Branch Address | |
| | |

Trade/Credit References - Please provide two references with application.

| Reference 1 | | Reference 2 | |
|-----------------|--|-----------------|--|
| Contact Name | | Contact Name | |
| Company Name | | Company Name | |
| Company Address | | Company Address | |
| | | | |
| | | | |
| Phone No. | | Phone No. | |

| | |
|----------------------------|--|
| Applicant (block capitals) | |
| Position | |
| Signature of Applicant | |
| Date | |

Terms and Conditions

- ï Bulk Mail account customers must use a docket from their docket book for each mailing.
- ï Customers monthly funds transfer payments/deposit levels will be reviewed periodically at the discretion of An Post.
- ï Settlement of invoices will be as per payment arrangement.
- ï In the event that payment terms are breached, the account facility may be suspended. An Post may apply an administrative fee associated with failed payments and interest charges on overdue balances.
- ï If using EFT for payment, a remittance advice must be sent to Sales Accounting I, Room 2D, GPO, Lower O'Connell Street, Dublin 1 or by e-mail to, mails.revenue@anpost.ie

| FOR OFFICE USE ONLY | |
|--------------------------------------|--|
| Account approved by (block capitals) | |
| Signature | |
| Date | |

SEPA Direct Debit Mandate



Unique Mandate Reference

| | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|---|--|
| L | P | 1 | | | | | | | | | | | | - | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|---|--|

(Unique Mandate Reference will be created by Mails Revenue Section)

Mails Revenue Section

Creditor Identifier

IE83ZZZ300887

By signing this mandate form, you authorise (A) An Post 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.

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: *
(Name on Debtor's Bank Account)

Bank Account Holder Address: *

City/Post Code: *

Country: *

Bank Account Holder's IBAN Number: *

Bank Account Holder Identifier Code - BIC / SWIFT: *

Please return to:

Creditor Name: An Post
 Creditor Address: Gerry Doyle
 Mails Revenue Section, Room 2D
 General Post Office
 City: Dublin 1
 Country: Ireland

Type of Payment: Recurrent payment

Date of signature: *

Signature(s): *
(Authorised Signatories of Bank Account Holder above)

Block Capitals: *