

an post
money

Any field containing* is a mandatory field and must be completed.

Section 1 – Customer details – Sole

Title		First name*	
Surname*			
Date of birth*		Contact telephone number*	
Address*			
		Eircode	
IBAN* (Account being closed)			

Title		First name*	
Surname*			
Date of birth*		Contact telephone	
Address*			
		Eircode	
IBAN* (Account being closed)			

Title		First name*	
Date of birth*		Contact telephone number*	
Address*			
Last 4 digits of Money Mate Card*		Eircode	

I/We, wish to notify An Post of account closure

Signature*

Date*

Terms and conditions apply. The An Post Money Current Account Debit Mastercard® is issued by An Post. An Post is authorised by the Minister for Finance to provide payment services and is regulated by the Central Bank of Ireland in the provision of such services.

Notes

General information

Please complete the form in **BLOCK CAPITALS** using black or blue ink. Please provide as much of the information as you can, any missing information may delay processing of the request.

1. Sole account – Section 1

Section 1 only should be completed where the account is registered in a sole name. Please provide the IBAN for the account that is to be closed.

2. Joint account – Section 2

Section 2 should only be completed where the account is registered in the joint names and both parties wish to close the account.

3. Signature – Section 4

Please provide a single signature in the case of a sole or Money Mate account and two signatures in the case of a joint account.

4. Balance Transfer

Please note that your account balance must be zero before we can proceed with your account closure request. You can achieve this by making a SEPA transfer through the An Post Money app, or alternatively, by withdrawing the funds at an ATM or at any Post Office.

Personal data

An Post is the data controller for An Post Money Current Account. Any personal data returned by you to us on this form will be used by An Post and its authorised agents for the administration of An Post Money products and accounts.

Official use only

Signature checked		Amendment(s) completed		Date		Case no.	
-------------------	--	------------------------	--	------	--	----------	--