

Income & Expenditure Form

How to complete this form

- Check the signature strip on the back of your Credit Card to see if it is provided by An Post Money.
- We will assess your current financial situation based on the information provided on this form. It is important you complete every section as accurately as possible.
- All amounts should be monthly amounts.
- The amount you pay to us must be a fair reflection of the level of debt you have outstanding. To calculate the amount to pay you need to:
 - ✓ Total up your monthly income and enter the amount in box A
 - ✓ Total up your monthly expenditure and enter the amount in box B
 - ✓ Total up your borrowings and enter the amount in box C
 - ✓ Calculate the total available to repay your creditors by subtracting amount B from amount A (A-B). Enter this amount in box D
 - ✓ The amount to pay is calculated by dividing the An Post Money balance by the total amount owed to creditors (box C) and then multiplying this result with the amount in box D

Please complete and return this form to us at:

An Post Money Customer Assistance Team,
Dublin Road,
Carrick on Shannon,
Co. Leitrim.

Important Information

Once we have received your Income and Expenditure form, we will take the most appropriate action for your circumstances. This information could be visible on your credit file for the duration of our agreement and up to five years later, which could be viewed by other creditors and affect your ability to obtain future credit. If you would like to discuss how this may affect you, please contact us before you send your Income and Expenditure details.

To avoid unnecessary delays, you should complete the form in full to ensure we fully consider your circumstances. All amounts are monthly and any boxes that are not relevant should be updated with €0.00. If you have any questions regarding the purpose of the requested information, please contact us. Fields marked with “*” require mandatory completion.

Personal Information

Name*	<input type="text"/>
Address	<input type="text"/>
Account number*	<input type="text"/>
Home number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>
Number of adults in the household*	<input type="text"/>
Number of dependent children under the age of 18	<input type="text"/>
Number of vehicles in the household*	<input type="text"/>

Residential Status*

Homeowner	<input type="checkbox"/>
Tenant	<input type="checkbox"/>
Living with parents	<input type="checkbox"/>
Other (Please state)	<input type="text"/>

In a few words, please let us know the reason for your financial difficulties*:

