# **O** Avant Money

## Please use these helpful hints to help you fill in your credit card SEPA Direct Debit Mandate form.

This is the name that is on your statements from	C Avant Money SEPA Direct Debit Mandate	Please complete all fields marked	Your account number can be found in the app, on My Avant
Avant Money.	and (b) your bank to debit your account in ac you are entitled to a refund from your bank u must be claimed within 8 weeks satrting from a statement that you can obtain from your b Account Holder	,	Money or on your statements. Your account number starts with <b>245.</b>
Enter the correct Eircode of your address. To find your Eircode visit the Eircode website.	*Customer Name(s) JOE *Customer Address 46 /	4 5 9 2 0 5 0 1 5 1 2 3 2 3 4 E BLOGGS A STREET	This is the address we have registered on your account.
Please enter		4 WJ 74 <sup>*Country</sup> IRELAND 234567 ◀·	The land line or mobile we
your correct IBAN. This can be found on your bank statements or through online banking.	*IBAN 1 E 6 4 1 R 5 6 7 8		have registered on your account. Please tick here if you would like to clear your
Please do not fill in, it will be completed by Avant Money.	Signatura(c)	bur account is a joint account requiring all signatures for withdrawals, n all parties named on this account must sign the form Date of signature: 10/05/22	balance or just make the minimum payment by Direct Debit every month.
	Unique Mandate Reference (to be Name of Creditor	e completed by Avant Money)	If your account is a joint account requiring all signatures for
This is the address to send your completed SEPA mandate form to.	Creditor Identifier: IE30ZZZ360526 Please return this mandate to the above address. Avantcard DAC, tra	n Road, Carrick-on-Shannon, Co. Leitrim ding as Avant Money, is regulated by the Central Bank of Ireland. incorporated in Ireland under number 541980 and having its registered o ice at Dublin Road, Carrick-on-Shannon, Co Leitrim.	withdrawals, then all parties named on this account must sign the form.





## SEPA Direct Debit Mandate

#### Please complete all fields marked\*

By signing this mandate form, you authorise (a) Avantcard DAC to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instructions from Avantcard DAC. 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

riocountricidor				
*Avant Money Account No	2 4 5			
*Customer Name(s)				
*Customer Address				
*Eircode		*Country		
Telephone Number				
Debiting Account Details				
*IBAN				
BIC				
Type of payment				
	lease tick one			
De europe a Deurope ent	of the following:	Payment or Minimum Payment		
	lf your account is a	joint account requiring all signatures for withdrawals,		
Signature(s)		ned on this account must sign the form		
*Signature:		Date of signature: DD/MM/YY		
*Signature:		Date of signature: DD/MM/YY		
Unique Mandate Reference (to be completed by Avant Money)				

#### Name of Creditor

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

Avantcard DAC, trading as Avant Money, is regulated by the Central Bank of Ireland.

Avantcard DAC is a designated activity company incorporated in Ireland under number 541980 and having its registered office at Dublin Road, Carrick-on-Shannon, Co Leitrim.