Direct Debit Mandate

Please complete parts 1 or 2 and sign to instruct your bank to make payments directly from your Bank or Credit / Debit Card account. Then return the form to:

Accounts Department
Pony Express
7 Lower Fitzwilliam St,
Dublin 2
Ireland

1. To the manager (full name and address of your bank branch)

_____

Name of account holder _____

Sort Code ☐☐-☐☐-☐☐

Account Number ☐☐☐☐☐☐☐☐

2. Or Credit / Debit card account number:

Card Type : **Visa** ☐ **Mastercard** ☐ **Laser** ☐

Name (as shown on card) _____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐ Laser only

Credit/Debit Card expiry date: ☐☐ / ☐☐

Your instruction to the Bank or Building Society and signature

I instruct you to pay Direct Debits from my account at the request of Pony Express.

The amounts are variable and may be debited on various dates.

I shall inform the Bank in writing if I wish to cancel this information.

I understand that if any direct debit is paid which breaks the terms of the instruction, the Bank will make a refund.

Signature(s) _____

_____

Print Name _____

Date _____ **Pony Express Account No.** ☐☐☐☐☐☐☐

Banks may decline to pay Direct Debits from some types of accounts.