

Notification of Account Closure of an An Post Smart Account



For completion on the closure of a Smart Account.

Any field containing is a mandatory field and must be completed.
Please read the notes overleaf before completing form.*

SECTION 1 – Customer details – Sole

Title*	First Name*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*		
<input type="text"/>		
Address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Eircode <input type="text"/>		
IBAN* (Account being closed)	Contact Telephone Number*	
<input type="text"/>	<input type="text"/>	

SECTION 2 – Customer details – Joint

Title*	First Name*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*		
<input type="text"/>		
Address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Eircode <input type="text"/>		
Contact Telephone Number*		<input type="text"/>

SECTION 3 – Signature

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

Signature*	<input type="text"/>	Signature*	<input type="text"/>
Date*	<input type="text"/>		

SECTION 4 – Account to which funds are to be transferred

IBAN*		
<input type="text"/>		
Title*	First Name*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Eircode <input type="text"/>		

Return to: An Post Smart Account, BillPost, Enterprise House, Cappa Road, Kilrush, Co. Clare, V15 VX23.

Terms and Conditions apply. The An Post Smart 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.

APSA ACX 0317

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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 3

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

4. Fund transfer - Section 4

Please provide the IBAN for the account to which funds are to be transferred. In the event of no IBAN being available, a cheque will be issued to your address.

PERSONAL DATA

An Post is the Data Controller for An Post Smart 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 Smart Account products and accounts.

OFFICIAL USE ONLY

Signature Checked	Amendment(s) Completed	Date	Case No
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