



SAVING PLAN APPLICATION FORM

I WISH TO SAVE FOR MY HOME HEATING OIL PER MONTH. PLEASE PROCESS MY APPLICATION IMMEDIATELY.

AMOUNT PER MONTH: _____ (min €60 - max €220)

CUSTOMER NAME: _____

MOBILE: _____

HOME NO: _____

WORK NO: _____

EMAIL: _____

ADDRESS: _____

IS YOUR CURRENT ADDRESS RENTED? YES _____ NO _____

FLYNN FUELS, MULLINGAR / ATHLONE Tel: 044 9376100/115 / 087 7742777 / FREEPHONE: 1800359667

EMAIL: flynnfuels2019@gmail.com

Direct Debit Mandate

Please complete and return with proof of address and photo ID

Return to: Flynn Fuels, The Downs, Mullingar, Co. Westmeath

Name of bank: _____

Address: _____

Name on a/c: _____ Date: _____

Account No: _____ Sort Code: _____

Iban: _____ Swift IBC: _____

1st Signature: _____ 2nd Signature _____

Our Ref No: _____

Your instructions to your Bank/Building Society

1. I instruct you to pay Direct Debit from my account at the request of Klass Oil Distributors Ltd t/a Flynn Fuels.
2. The amounts are variable and may be debited on various dates from the 25th of the month.
3. I understand that Klass Oil Distributors Ltd t/a Flynn Fuels may change this instruction.
4. Cancellation can be made at any time by contacting the Fuel Dept 0449376115

Terms & Conditions: Any fuel ordered above the value you have saved must be paid prior to delivery.

If your direct debit is rejected by your bank, a fee of €15 will be charged to your account.