



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: tina@thomasflynnandsons.ie

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 Flynn Fuels.
2. The amounts are variable and may be debited on various dates from the 25th of the month.
3. I understand that Flynn Fuels may change this instruction.
4. Cancellation can be made at any time by contacting Flynn Fuels.

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.