**Electronic Funds Transfer Mandate**

Member Number:

Members Name and Address:

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Bank Name and Address:

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Sort Code: Account Number:

**To be completed by Credit Union Official**

Amount to be transferred: £ LOAN/SHARES (delete as appropriate)

**I declare that the Bank details given are true and correct. I hereby authorise Irvinestown Credit Union Ltd to transfer the stated amount directly into the above account.**

**If in the event incorrect details are supplied I declare that the loss will be suffered by me and not that of Irvinestown Credit Union Ltd.**

Member signature: hhfhfhfhfhfhfhfhjkdgnjskdg

Teller Signature: hhfhfhfhfhfhfhfhjkdgnjskdg

Date: hhfhfhfhfhfhfhfhjkdgnjskdg