

- DIRECT CREDIT TRANSFER INSTRUCTION -

Link Credit Union Limited
Main Street
Baillieborough

Date Issued:

Teller:

Account No.:

Name:

Address:

CT Amount:

Payee Name:

Bank Details:

Payment Reference:

Account Holders Authority:

I/We request that Link Credit Union electronically transfer the above funds from my Credit Union Account to the account listed above. I/We understand that it is my/our responsibility to ensure that the destination details provided by me/us are correct.

Link Credit Union does not accept any responsibility for any misdirected payments.

Note: Please allow up to two working days for electronic payments to personal or third party bank accounts and up to five working days for electronic bill payments (credit card, ESB, Eircom etc)

Data Protection Notice:

I/We consent to Link Credit Union Limited using the personal information above for the purpose of effecting a credit transfer(s) or regular electronic payment on my/our behalf.

Signed By (Member): _____ Date Printed:

Witnessed By: _____ Date Printed:

Signed By (Member): _____ Date Printed:

Witnessed By: _____ Date Printed: