



## EFT Instruction

Members Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

### 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.

Credit Transfer Amount	
Payee Name	
<b>Bank Details:</b>	
IBAN	
BIC	
Payment Reference:	
Single/Recurring Payment	
Payment Frequency	
Payment Date	

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)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed (CU Officer): \_\_\_\_\_ Date: \_\_\_\_\_

### Data Protection Notice:

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

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_