Athlone Credit Union Limited

<u>AUTHORISATION TO CONDUCT CREDIT TRANSFER</u>

	I/	We () Account no (ctronically transfer funds from my / our ac) , hereby authorise Athlone						
	Cı	redit U	nion Lim	ited to e	lectro	nically	transf	fer fund	s from	my / o	our acco	ount to	the fo	ollowi	ng nar	ned ac	count	(s):	
	Ва	ank:		_															
	Lo	ocation	:	_															
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	I/	We au	thorise A	Athlone (Credit	Union	Limite	ed to tra	ınsfer €			·	00.						
		I / We furthermore indemnify Athlone Credit Union Limited from any losses sustained by me / us aris										s arisi	ng out	of					
	incorrect beneficiary account details being supplied being supplied by																		
	Si	Signed:		()]	Date: _	::							
	Si								Dat				te:						
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	P	Please complete all areas of the form, making sure you have signed it. If not present at the counter, please forward form by fax to 090 64 76530 or																	
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	T	he m	aximu	m per	miss	ible t	rans	fer a	noun	t is €	25,00	0 by	this	mea	ans.				
	0	ffice	use or	nly															
	A	Authorised by						Tin	Time			Date:							
	Pr	cocesse	d by: _					Tin	ne			Date	:						
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