

### BACS Transfer Authority

(Required to authorise e-mail or fax instructions to transfer funds to Bank Accounts by BACS)  
(Complete and return the original to the Credit Union office – please do not fax)

**Please complete in BLOCK CAPITALS**

**Membership No:** ..... **Title: Mr / Mrs / Miss / Ms\*\***

**Surname:** .....

**First Name(s):** .....

**Address:** .....

.....

..... **Postcode:** .....

**Telephone (home):** ..... **Telephone (work):** .....

**E-mail:** .....

**Bank Name:** .....

**Branch:** .....

**Bank Address:** .....

.....

**Postcode:** .....

**Sorting Code:** ..... **Account No:** .....

**Account Name:** ..... **B/Society Roll No:** .....

I authorise the Credit Union to make transfers to my above Bank Account in accordance with separate instructions forwarded to the Credit Union by e-mail and/or facsimile transmission.

I confirm that I will not hold the Credit Union liable for any consequential loss which may arise from delays in the transmission of funds to my bank account, and will immediately advise the Credit Union of any changes to my bank account details. This authority shall continue until notice is given to the Credit Union in writing.

**Signed:** ..... **Date:** .....

**\*\* Delete as appropriate**

**For Official Use:**

**Date received:** ..... **Processed by:** .....