

Penny Post Credit Union Ltd

Name

Membership No.....Pay No.....

Contact No

E-mail

Bank Sort Code _____

Account No. _____

Name of Bank

Name of account holder:

.....
Building Society Reference (if applicable)
.....

This form gives authority to Penny Post Credit Union Ltd to receive and act upon instructions from the signatory from our website, e-mail, text and by telephone.

I have read, understood and agree to The terms and conditions for this service,

Signature

Date

Transfer Authority Form



Once completed, signed and posted to Penny Post Credit Union, North West Midlands Mail Centre, Wolverhampton WV1 1AA, this form authorises the credit union to make transfers to the bank account as detailed.

1. The request must be made by the signatory.
2. The credit union staff will need to be satisfied that they are communicating with the account holder. Staff may ask the account holder questions to verify identity. If staff are in any doubt, the instruction will not take place.
3. We cannot accept multiple dated requests or standing orders.
4. If you wish to change your nominated bank account you need to complete a new signed Transfer Authority.
5. We can only hold one nominated bank account per member.
6. The transfer to the bank will be made, or cheque sent, as soon as we are able. Whilst every effort will be made to process requests as quickly as possible, we are unable to guarantee when funds will be credited to the receiving account or when a cheque will arrive.
7. Cheque's can only be sent in your name to your recorded address when requests arrive via text, email, telephone or via our website. *(If we receive a signed document cheque's can be sent in different names to any address)*
8. Please do not issue cheque's or enter into contracts based on funds to be received until you have established receipt of funds in your bank account.

FOR OFFICE USE:

Valid a/c structure:

Focus:

Checked:

Scan: