ENNISTYMON & DISTRICT CREDIT UNION LTD
(to be completed and returned to bank)

To the Manager

Bank _____ (member's bank)

Branch _____(member's bank)

Please charge to **my/our** account

Bank Account Number: _____

And pay to:

Name of Account:	**Ennistymon & District Credit Union Ltd**
Bank:	**Bank of Ireland**
Branch:	**Ennistymon**
Sort Code No:	**90 42 29**
Account No:	**65507590**

The amount of €_____

Intervals: Weekly ☐ Fortnightly ☐ Monthly ☐

(Please tick whichever is applicable)

Commencement Date: _____/_____/_____

(day) (month) (year)

Member's Credit Union Account Number: _____

(N.B. Please ensure that this is completed before submitting to your bank)

_____ _____

(Signature) **(Name in Capitals)**

_____

(Date)