

Member Account Number: _____

Member Name: _____

Beneficiary Name: _____

Beneficiary Bank: _____

Beneficiary Bank Address: _____

Bank IBAN: _____

Payment Reference: _____

Frequency: Weekly Fortnightly Monthly

Amount

Start Date: _____

End Date: _____

By signing below, you are confirming that the above details are correct and valid. Life Credit Union Limited holds no responsibility for payments due to incorrect account details provided.

Member Signature: _____

OFFICE USE ONLY

Authorised CU Officer: _____

Actioned By: _____

Date: _____

Checked By: _____

At Life Credit Union, we are a data controller and as such, we respect and protect the privacy of our members, the data subjects. Please see our Privacy Notice for information on the personal data we collect, process, store and share.

