



THIRD PARTY MANDATE

Section 1: PERSONAL DETAILS

Member Name:

Member/Reg. Number:

Address:

Account Number(s) to which this mandate will apply:

All Accounts: OR please specify account number:

Account Number:

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Account Number:

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Account Number:

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Reason for Appointment of Third Party

If you have any existing third party signatories on your account(s), do you wish for them to remain?

YES NO

This Mandate is for convenience purposes only and should not be operated in the event that the member is no longer 'compos mentis'.

It is strongly recommended that you seek independent legal advice in advance of executing this document.

Third Party Signature:

Date:

Section 2: AUTHORITY

I, _____, being of sound mind and judgement do hereby authorise the following third party to have access to my account:

Third Party Name:

Reg/Member Number:

Third Party Phone Number:

Third Party Address:

THE THIRD PARTY IS AUTHORISED TO:

1. Withdraw funds from account: YES NO
(All transaction requests from the 3rd party must be sent in writing)
- subject to: (please tick)
- individual withdrawal maximum of €_____; and/or
 - maximum withdrawal frequency of _____ per day/week/
fortnight/month
 - any withdrawals deemed necessary by the above authorised signatory
2. Obtain information relating to my account(s) YES NO
3. Receive delivery of member related documentation upon request, such as account statements, interest certificates YES NO

This authority is to remain in force until further notice is sent by me in writing to the credit union and received by the credit union revoking my instruction in this regard.

In consideration of the credit union granting this facility, I hereby indemnify and save the credit union against all actions, demands, claims and liabilities howsoever arising in respect of or on account of any such withdrawals made.

The 3rd Party and Account Holder must provide up-to-date copies of the following:

Proof of Identification: passport/driving licence

Proof of Address: utility bill, bank statement, government letter

These documents will be held on the file of the nominating member.

Third Party Signature:

Date:

Member Signature:

Date:

The details provided in this mandate together with any other information that is furnished to us in connection with this application will be retained and processed by St. Raphael's Garda Credit Union in accordance with the Privacy Notice which is available on our website and in branch.