



PHONE TRANSACTIONS AUTHORISATION

SIGN UP FOR TELEPHONE TRANSACTIONS BY FILLING IN YOUR DETAILS BELOW

TO: ST. RAPHAEL'S GARDA CREDIT UNION LIMITED (the 'Credit Union')

1. I refer to my St. Raphael's Garda Credit Union account (s) and mandate (hereinafter referred to as "the Mandate") between the Credit Union and myself governing the operation of my account(s) with the Credit Union.
2. Notwithstanding the terms of the mandate or of any future mandate or other agreement or course of dealing between the Credit Union and myself, I hereby request and authorise the Credit Union (but do not oblige the Credit Union) to rely upon and act in accordance with any instruction or communication which may from time to time be or purport to be given by telephone, facsimile or electronic transmission by myself to the Credit Union in relation to the operation of my account(s) with the Credit Union.
3. The Credit Union shall be absolved of any and all responsibility for any loss or liability of any nature (direct or indirect) suffered by me as a result of any error in transmission of any telephone, facsimile or electronic instruction or communication or as a result of the Credit Union acting on any telephone, facsimile or electronic instruction or communication that the Credit Union believes in good faith to have been made by me and the Credit Union is authorised to act without further enquiry upon any telephone, facsimile or electronic instruction or communication believed in good faith by the Credit Union to be an instruction or communication so given or made and no claim of whatsoever nature shall arise against the Credit Union in relation to its actions on foot of any such instruction or communication.
4. The terms of this Authority and Indemnity shall remain in full force and effect unless and until the Credit Union receives (and has reasonable time to act upon) a note of termination from me in writing terminating the terms of this Authority and Indemnity from the date of such note of termination or a specified future date save that such note of termination will not release me from my liability under this Authority and Indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authority and Indemnity prior to the expiry of such specified date.
5. Any electronic transmissions will be sent only to the email address listed below.

Please complete in BLOCK CAPITALS

Member Name:	Reg/Account Number:
<input type="text"/>	<input type="text"/>
Mobile Phone Number:	Mother's Maiden Name:
<input type="text"/>	<input type="text"/>
Date of Birth:	Place of Birth (County)
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>
Email Address:	
<input type="text"/>	

I wish to get access to the telephone capabilities provided by St. Raphael's Garda Credit Union Ltd. I have read and understood the conditions of use.

Signature:	Date:
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

The details provided in this form 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.