ST. RAPHAEL'S
GARDA CREDIT UNION
YOUR FINANCIAL FORCE

1-2 Fox & Geese, Naas Road, Dublin 22.
Phone: 0818 24 7 365 or 01-4273900
Fax: 01-6856718
Email: enquiries@straphaelscu.ie
Web: www.straphaelscu.ie

FORM OF RECEIPT & INDEMNITY FOR AUTHORISED WITHDRAWAL

To: St. Raphael's Garda Credit Union Limited

Member Name: (Minor)	Member Number:

Withdrawal Account Number:

I _____(print name) hereby acknowledge receipt of the sum of €_____ being a withdrawal from the above referenced account number.

I hereby indemnify the Credit Union against all claims, actions, costs, demands, expenses or tax howsoever arising which may fall due on account of this withdrawal.

The sum withdrawn will be used exclusively for the benefit of the account holder.

Parent/Guardian Name:	Parent/Guardian Mobile Number:

Parent/Guardian Signature:	Date: (DD/MM/YYYY)

Payment Type: Internal ☐ External ☐ Cash ☐ **OR** Cheque ☐

Beneficiary Account Name:	Reference: (optional)

Beneficiary IBAN:																					

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.

St. Raphael's Garda Credit Union Ltd is regulated by the Central Bank of Ireland

Ver: 03/19