



Electronic Funds Transfer (EFT)

Name _____

Pay No. _____ Account No _____ Contact No. _____

Please transfer € _____ to my Bank Account from my

Regular Share A/C	<input type="checkbox"/>	Special Share A/C	<input type="checkbox"/>
Demand Deposit A/C	<input type="checkbox"/>	Budget A/C	<input type="checkbox"/>
Loan A/C	<input type="checkbox"/>		

To Bank _____ Address _____

Name(s) on Bank Account _____

Sort Code: _____

Bank Account No: _____

BIC: _____

IBAN: _____

Signed By _____ *Date* _____