

GATESHEAD OFFICE

Unit 12, Jackson House,
Jackson Street, Gateshead
NE8 1ED

Over 95 Local Service Points

Tel: 0330 055 3666



STANLEY OFFICE

25-33 Front Street, Stanley,
Co Durham DH9 0JE

Web: www.nefirstcu.co.uk

BACS Transfer Authority

Required to authorise instructions for the transfer of funds to Bank Accounts by BACS – complete and return to the Credit Union office

Membership No: _____ Title: Mr / Mrs / Miss / Ms (delete as appropriate)

Surname: _____ First name(s): _____

Address: _____
_____ Postcode: _____

Telephone Home: _____ Telephone Mobile: _____

E-mail: _____

Bank Name: _____

Bank Address: _____
_____ Postcode: _____

Account Name: _____

Sort Code:

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Account Number:

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I authorise NEFirst Credit Union to make transfers to my above Bank Account in accordance with separate instructions forwarded to the Credit Union.

I confirm that I will not hold NEFirst Credit Union liable for any consequential loss which may arise in delays in the transmission of funds to my bank account and will immediately advise the Credit Union of any changes to my bank account details. This authority shall continue until notice is given in writing to the Credit Union.

Signature: _____ Date: _____

For Office Use Only

Date received: _____

Processed by: _____