SEPA CREDIT TRANSFER REQUEST FORM

WESTPORT CREDIT UNION

SEPA Credit Transfer (Euro Payment within the EEA)

Office Use Only: Payment Reference:

Date:

1. Amount

(All Payment sent via this service will be made in Euros)

Payment amount (in Euros):

2. Details

Credit Union Account Number:

Account Name to be Debited:

Your Full Address:

Your Contact Telephone Number:

3. Payee/Beneficiary Details

(Please note use of the Beneficiary's IBAN is mandatory for this service and must be for an account in a SEPA country)

Beneficiary's BIC:

Beneficiary's IBAN:

Beneficiary's Name:

Beneficiary's Full Address:

Payment Narrative:

4. Authorisation

I authorise the debit of my Credit Union Account numbered above with the amount as stated above:

Authorised Payee Signature:

Authorised Credit Union Staff Signature: