



CORE | CREDIT | UNION

— STRONGER TOGETHER —

FORM BILL-PAY

REGULAR BILL PAYMENT SET UP AUTHORISATION FORM

Please set up the following payee details on my Credit Union account, No:

Payee Name:

Bank Name: Bank Address:

Bank Account Number: Sort Code:

Payment Reference: Amount: €

Account Name:

Start Date End Date - -

Your signature confirms that the above details are correct and valid. Core Credit Union Limited holds no responsibility for delayed payments due to incorrect account details provided.

Print Name: _____

Contact No: _____

Signed: _____

Date: _____

Office Use Only:

Input By: _____

Checked By: _____

Date: _____

Date: _____

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