**Credit Transfer Form**

**I/We hereby authorise and request you to debit my/our account:**

Account

Name:

Member

Number:

**And to Credit the Beneficiary/Receiver account:**

Account

Name:

BIC:

IBAN:

Beneficiary/Receiver

Reference:

€€€

Amount:

\*Frequency:

*Weekly/Monthly/Quarterly/Annually*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_