

# MANDATE FORM



DATE: \_\_\_\_\_

MEMBERS NAME & ADDRESS:

AUTHORISED PERSONS NAME & ADDRESS:

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WCU A/C No: \_\_\_\_\_

WCU A/C No: \_\_\_\_\_  
(If they have an a/c with WCU)

To The Manager of Waterford Credit Union Ltd;

This is to certify that I \_\_\_\_\_ of the above address, **being of sound mind and judgement** do hereby authorise you to pay to \_\_\_\_\_ whose details are above any sum(s) he/she may demand from my account from time to time, subject to the Rules and Conduct of Waterford Credit Union, and I hereby agree that his/her receipts shall constitute a full and sufficient discharge to you and the Credit Union in respect of such payments under this mandate.

**This mandate supersedes all previous mandates and shall remain in force until such time as you receive written notice from me cancelling it.**

MEMBERS SIGNATURE:

AUTHORISED PERSONS SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

## Valid Photographic ID must be received For Authorised Person.

Please note that if the Authorised Person is NOT a member of this Credit Union then full ID must be attached to this form.  
In consideration of the Credit Union granting this facility, I undertake to indemnify and save the Credit Union against all actions, liabilities or demands howsoever arising in respect of / or on account of any such transactions made.

## Signed in the presence of Bank official, Post office worker or Doctor; Official Stamp

I being an independent witness sign to confirm that I have witnessed all parties signing this form and that **they are all of sound mind at the time of signing.**

INDEPENDENT WITNESS: \_\_\_\_\_