

# Request to transfer funds to comply with Savings Limit of €30,000

Please tick the relevant option below

I hereby request that the amount of €  be withdrawn.

**OR**

The balance on my account be reduced to €29,500 (in order to allow me to transact on my account).

I request that the funds be transferred to the below outlined account:

Name on account to be credited : \_\_\_\_\_

IBAN on account to be credited

Signed: 1. \_\_\_\_\_ 2.\* \_\_\_\_\_

*\*Two signatories will be required in the case of joint accounts only.*

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Membership Number:

Telephone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

**We will contact you to verify these details before any account transfers will be processed.**

Member First Credit Union will process your data in accordance with its Data Protection Policy. A summary of our Data Protection Statement is available at [www.mfcu.ie](http://www.mfcu.ie) or a full copy of our policy is available on request in our offices.