SWITCHER FORM

If you would like to Switch your **Current Account** to Mallow Credit Union, please complete and sign the form below.

Private & Confidential:
The Manager: _____

Old Bank Name: _____

Old Bank Address: _____

Option A: I/we would like my/our "old" Account to be closed. ☐ **OR**

Option B: I/we would like my/our "old" Account to remain open. ☐

Re Transfer of Old Bank Identification Code (BIC) ☐☐☐☐☐☐☐☐

Re Transfer of Old International Bank Identification Number (IBAN)

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To New Credit Union BIC ☐☐☐☐☐☐☐☐

To New Credit Union IBAN

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Name on Account: _____

Account holders Address: _____

_____

Eircode: ☐☐☐☐☐☐☐☐

To the Manager,
»» I/we hereby request and authorise you to prepare and supply to Mallow Credit Union Ltd and to me/us, a schedule of active Direct Debit and Standing Order Instruction details ("the Schedule") held by you in relation to my/our account at your branch.
»» If I/we have indicated above by ticking the box that I/we would like my/our **Old Bank Account Number** to be closed, then I/we further request and authorise you to transfer the remaining balance of the Account(s) to Mallow Credit Union Ltd (and to the account there at) as listed above as soon as all other normal procedures for account transfer are completed, upon or following which transfer you are authorised and instructed to close the Account(s).
»» I/We authorise and request that you will redirect, where possible, any debit card transactions presented on my/our old account to my/our Mallow Credit Union Current account.
»» I/We are aware that all cheques presented on the account after it is closed will be returned unpaid marked "Account Closed/Switched".
»» I/we will return all cards and unused cheques on the **Old Bank Account Number** to you.
»» The preferred date for forwarding this authority is _____/ _____ /_____/ (Switch Start Date).
Please notify the Originators of all Direct Debits on the Account, of details of the above transfer.

To the Manager, Mallow Credit Union Ltd, 135 Bank Place, Mallow, Co. Cork.
1. On receipt of the Schedule as described above, I/we authorise you to pay Direct Debits and Standing Orders as so listed in the Schedule on and out of my/our account with you as listed above (and in accordance with the mandate applicable to that account). I/we will inform you in writing if I/we wish to amend or cancel any part of this instruction.
2. If I/we have indicated that I/we wish my/our Old Account to be closed, and if my/our balance at the Old bank is overdrawn, I/we authorise you to pay from my/our current account with you the amount of such overdrawn balance as is transferred to you by the Old bank.
3. I/We request and authorise you to apply and pay any debit card transactions redirected to you from my/our Old bank to my/our new account in accordance with the terms and conditions applying to my/our accounts.

Yours sincerely

Customer Signature 1: _____ **Customer Signature 2**_____

Date _____ /_____/_____

Please return the completed form to Mallow Credit Union. If you have any queries in relation to this form, please email info@mallowcu.ie

- **Privacy Notice**
- The details provided in this form, together with any other information that is furnished to us in connection with this application will be retained and processed by the Credit Union in accordance with the Privacy Notice which is available from the Credit Union website and offices.