



Tel. 025 24411
Fax. 025 44114

ELECTRONIC FUNDS TRANSFER FORM

**WE HAVE THE FACILITY TO MAKE PAYMENTS IN RESPECT OF MILK, GRAIN AND SHARE
DIVIDENDS TO SEPARATE BANK ACCOUNTS.**

Name: <small>(BLOCK CAPITALS)</small>	_____	Milk Acc No:	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address: <small>(BLOCK CAPITALS)</small>	_____ _____ _____	Share Acc No:	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Grain Acc No:	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other Acc No:	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email:	_____		

THIS AUTHORISATION IS TO REMAIN IN FORCE UNTIL AMENDED BY ME IN WRITING

**I REQUEST/AUTHORISE DAIRYGOLD CO-OPERATIVE SOCIETY LIMITED TO TRANSFER ANY MONIES DUE TO
ME FROM THE SOCIETY DIRECTLY TO MY BANK AS DETAILED ON THIS FORM**

Signed: _____ Date _____

Witness Signature:** _____ Date _____

Block Capitals: _____

Witness Address: _____

**** Witness must be either:**
**A) Branch Manager, Area Sales Manager, Milk Advisor, Board or Regional Committee Member of Dairygold
Co-Op Society Ltd.,**
or
B) Solicitor, Postmaster, Doctor, Member of An Garda Siochána.

In the case of "B", the witness must stamp the form with the official stamp of the relevant office.

PLEASE COMPLETE OVERLEAF



<p>Bank Name: _____ <small>(BLOCK CAPITALS)</small></p> <p>Bank Address: _____ <small>(BLOCK CAPITALS)</small></p> <p>Sort Code: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Bank Account No: <input style="width: 280px; height: 20px;" type="text"/></p> <p>Bank Identifier Code (BIC): <input style="width: 100px; height: 20px;" type="text"/></p> <p>International Bank Account No (IBAN): IE _____ <small>(BIC and IBAN are printed on your bank statement)</small></p> <p>Name on Bank Account: _____</p>	<p><u>Payment in respect of:</u></p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Milk</p> <p><input type="checkbox"/> Shares</p> <p><input type="checkbox"/> Grain</p> <p><input type="checkbox"/> Other: Please State</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>NB: Tick the relevant box above</p>
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NB: The below sections should only be completed if you wish to use a different bank account to the above

<p>Bank Name: _____ <small>(BLOCK CAPITALS)</small></p> <p>Bank Address: _____ <small>(BLOCK CAPITALS)</small></p> <p>Sort Code: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Bank Account No: <input style="width: 280px; height: 20px;" type="text"/></p> <p>Bank Identifier Code (BIC): <input style="width: 100px; height: 20px;" type="text"/></p> <p>International Bank Account No (IBAN): IE _____ <small>(BIC and IBAN are printed on your bank statement)</small></p> <p>Name on Bank Account: _____</p>	<p><u>Payment in respect of:</u></p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Milk</p> <p><input type="checkbox"/> Shares</p> <p><input type="checkbox"/> Grain</p> <p><input type="checkbox"/> Other: Please State</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>NB: Tick the relevant box above</p>
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