

# Third Party Account Authorisation Mandate Form – Full Control



This form is being used to authorise Waterford Credit Union to fully transact with a person nominated by you and who's instruction shall constitute a full and sufficient discharge to Waterford Credit Union in respect of transactions completed under this mandate.

MEMBER DETAILS	AUTHORISED PERSON DETAILS
Name _____ (Print Name)	Name _____ (Print Name)
Address _____ _____ _____	Address _____ _____ _____
Contact No _____	Please list any accounts presently held with WCU
Please list all WCU accounts which this mandate shall apply	WCU A/c No _____
WCU A/c No _____	WCU A/c No _____
WCU A/c No _____	Relationship to member (if any) _____

This is to certify that I **being of sound mind and judgement** give the above-named person authority to withdraw funds (including receipt of full balance receipts), ordering/collection of account statements, set up/amendments to electronic payments and foreign exchange transactions, from the above referenced account subject to the Rules & Conduct of Waterford Credit Union.

In consideration of Waterford 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 withdrawals made.

By signing this form, I \_\_\_\_\_ (members name) agree that,

1. The authorised person \_\_\_\_\_ may withdraw monies from my account.
2. Any monies withdrawn will be for my sole benefit.
3. Waterford Credit Union has the right to contact me prior to any request for withdrawal if it has any reason to doubt the veracity of the transaction being completed.
4. I may change or cancel this instruction at any time by letter, phone or by email.
5. This authorisation will not begin until Waterford Credit Union has been provided with the necessary proofs of identity of the authorised person.
6. In order to protect me, the credit union may end this agreement at any time if it is not satisfied with the way the account is being operated on my behalf.
7. This authorisation will become invalid and the authorised person will no longer be permitted to make withdrawals, if Waterford Credit Union has concerns over my continuing capacity to make financial decisions or if they are informed that I have lost my mental capacity.

Signed \_\_\_\_\_  
(member)

Date \_\_\_\_\_

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## Authorised Person

I \_\_\_\_\_ understand the authority given to me by the above-named member and that it will remain in place until such a time that it is revoked by the member or the credit union. I declare that any monies withdrawn by me will be given to the member or will be used for their benefit only.

By signing below, you are confirming your explicit consent to the processing of your personal data for the purpose of this mandate. Please refer to Waterford Credit Unions Privacy Notice available at [waterfordcu.ie/about/downloads/](http://waterfordcu.ie/about/downloads/) for more detailed information on who we are, what we do with your data, why and how we process your data, how long we retain it and what your rights are in relation to your personal data

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please note valid photographic ID and proof of address must be provided by you before this mandate will come into effect.**

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## Official Use

ID: \_\_\_\_\_ received for authorised person Yes  No

POA: \_\_\_\_\_ received for authorised person Yes  No

All documentation scanned under correct image type Yes  No

Trustee Tab updated in Account Maintenance Yes  No

### Trustee Type selected:

"Mandate" for Full Control / "Authorised Signatory" for Withdraw Only Yes  No

Photo taken of authorised person Yes  No

Member's contact number updated on Scion Yes  No

Staff Initial: \_\_\_\_\_

Date received: \_\_\_\_\_