

**GATESHEAD OFFICE**  
11 Interchange Centre, West  
Street, Gateshead NE8 1BH

**STANLEY OFFICE**  
57-61 Lenin Terrace, Stanley,  
Co Durham DH9 6LW

**BIRTLEY OFFICE**  
Birtley Leisure Centre, Durham  
Road, Birtley, Co Durham DH3 2TB

Over 95 Local Service Points

Tel: 0330 055 3666  
Web: [www.nefirstcu.co.uk](http://www.nefirstcu.co.uk)



## BACS transfer authority

Required to authorise instructions for the transfer of funds to Bank Accounts by BACS –  
complete and return to the Credit Union office

Membership No: \_\_\_\_\_ Title: Mr / Mrs / Miss / Ms (delete as appropriate)

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Telephone Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Bank Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

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

Sort Code:

		-			-		
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Account Number:

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I authorise NEFirst Credit Union to make transfers to my above Bank Account in accordance with  
separate instructions forwarded to the Credit Union.

I confirm that I will not hold NEFirst Credit Union liable for any consequential loss which may arise  
in delays in the transmission of funds to my bank account and will immediately advise the Credit  
Union of any changes to my bank account details. This authority shall continue until notice is given  
in writing to the Credit Union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

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

Processed by: \_\_\_\_\_