



ACCOUNT DETAILS

Dear Colleague,

Please complete the form in full and return to CWU Head Office in the Freepost envelope provided.

Your Name: _____

Staff No: _____

Branch: _____

ACCOUNT DETAILS:

NAME OF INSTITUTION: _____ *PLEASE PRINT*

NAME ON ACCOUNT: _____ *PLEASE PRINT*

IBAN:

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ACCOUNT NO: _____ **SORT CODE:** _____

DATA PROTECTION:

The information collected here will only be used for the purposes of processing payments through Electronic Fund Transfer and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

SIGNED: _____ **DATE:** _____

Yours fraternally,

Seán McDonagh
General Secretary