

COVID -19 AUTHORITY

The CEO
Synergy Credit Union
27/29 Patrick Street
Fermoy
Co Cork

Account Number: _____

Account Name: _____

Contact Number: _____

I hereby authorise _____
to withdraw funds from my share account number _____ for the
duration of the COVID -19 pandemic and also authorise them to receive information with
regard to my balances (loans & shares) and associated information (arrears, dividends). This
authority is given freely by me the undersigned. I understand that this instruction will be
revoked once the COVID -19 pandemic has been declared over by Government/HSE or at
any time by my written request.

Signature of Member

Print Name

Date

Specimen Signature of
authorised person

Print Name

Date

Note: We will require valid photographic identification from the authorised person

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FOR OFFICE USE

Notepad updated by: _____ Date: _____