

# Transfer of Credit Union Membership



## Section A Account Details

Member Name	Second Member Name (in case of joint a/c):
Name:	Name:
Membership Number:	Membership Number:
Address:	Address:
Eircode:	Eircode:

## Section B Transfer Details

**Dear Colleague,**

Regarding the above transfer of membership

**To / from:** Savvi Credit Union Ltd **from / to:**  
(delete as appropriate)

Credit Union Ltd

If transfer **from** Savvi CU, we enclose here with:

If transfer **to** Savvi CU, please forward:

Cheque for outstanding loan balance

Cheque for outstanding loan balance

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€

Cheque for member's shares balance

Cheque for member's shares balance

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Copy of member's records  
(i.e. statement on all accounts)

Copy of member's records  
(i.e. statement on all accounts)

Data Protection Consent (on reverse)

Other items

Other items



Need some help with this form?

Call us on 01 - 632 5100 or email us at [hello@savvi.ie](mailto:hello@savvi.ie)

## Section C **Signature**

Signed by Savvi Credit Union
Name:
Position:
Signature:
Date:

## Section D **Member Consent**

Signed by Member
Member's Name:
Signature:
Date:
Member's Name (in case of joint a/c):
Signature:
Date:

## **Privacy/Data Protection Notice**

We process your personal data for the purposes of fulfilling our contract with you and for further purposes as described in our Data Protection Statement. For more details see our data protection statement at <https://savvi.ie/data-protection-statement/>. For data protection matters, contact [dpo@savvi.ie](mailto:dpo@savvi.ie)

