



**FEXCO**  
**Credit Union Electronic Funds Transfer Service – Order Form**

CREDIT UNION NAME: CASHEL CREDIT UNION 062 61699  
 TO BE COMPLETED IN BLOCK CAPITALS

FEXCO Fax No. 066 9792029

<b>MEMBER'S NAME*</b>	<b>MEMBER'S NUMBER*</b>

CURRENCY**	CURRENCY AMOUNT	EXCHANGE RATE	EURO EQUIVALENT AMOUNT	FEXCO PROCESSING CHARGE	TOTAL EURO (INCLUDING FEXCO PROCESSING CHARGE)	DEAL REFERENCE
			€	€	€	

**BENEFICIARY ACCOUNT NAME:** (Name of person/company you wish to pay)

--

**BENEFICIARY BANK NAME** (Bank where Beneficiary account is held)

--

**MESSAGE FOR BENEFICIARY**

--

**COMPLETE (A & B) OR (C & D)**

**A - BENEFICIARY SWIFT/BIC CODE**

--

**B - BENEFICIARY IBAN NUMBER**

--

**OR**

**C - NATIONAL BANK CODE**

--

**D - BENEFICIARY ACCOUNT NUMBER**

--

**For and on behalf of Credit Union**

**Date:**

\*Required to be provided by Credit Union to FEXCO for Anti-Money Laundering compliance purposes.

\*\*Available currencies are:- 1. Eur, 2. GBP, 3. USD, 4. AUD, 5. ZAR, 6. CAD.

**Affix Credit Union Stamp Here**

--