



Health Services Staffs  
Credit Union



# Current Account Switcher Pack



**Health Services Staffs Union Limited**

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Web Address: [www.hsscu.ie](http://www.hsscu.ie)

## SWITCHING YOUR CURRENT ACCOUNT

At Health Services Staffs Credit Union, we make the switching process as convenient and simple as possible so that you can enjoy banking with us straight away. The switching process starts on the date you indicate on your Account Transfer Form. Under the Code of Conduct for the Switching of Payment Accounts with Payment Service Providers 2016, the old bank (where you have your existing account) must ensure that all steps are taken to facilitate moving your account within 7 working days of the switching date to us and the Credit Union (as your new **Current Account** provider) must ensure that all steps are taken to open your new account within 10 working days of the switching date.

### HERE'S A STEP-BY-STEP GUIDE TO SWITCHING YOUR CURRENT ACCOUNT:

#### STEP 1: OPENING YOUR NEW CURRENT ACCOUNT WITH US.

You can apply for your **Current Account** including Mastercard® debit card and overdraft online,

Joint accounts can be opened by contacting our offices. Accounts for Members aged 16 and 17 years require parental or guardian consent.

A low-cost **Current Account** is just one of the many benefits of being a member of Health Services Staffs Credit Union. You must be a member of Health Services Staffs Credit Union to apply for a **Current Account**. You can become a member by opening a share (i.e. savings) account once you hold the common bond of Health Services Staffs Credit Union.

In common with other financial institutions, new members will be asked to provide proof of identity (e.g. passport, driving licence) and proof of address (e.g. utility bill, financial statement) to open the account and PPSN (e.g. salary slip, tax credits certificate) if applying for an overdraft facility. Existing members may be asked to provide updated documentation verifying this information. Details of the required documentation is available on our website or from our Staff who are always happy to answer your questions.

You can register for online access to your accounts on our website or in our offices. Free eStatements will be made available quarterly on your **Current Account** and you have the option of receiving a quarterly paper statement by post, for a charge.

Once your **Current Account** is opened it will take up to 10 business days to receive both your debit card and your PIN (personal identification number).

Balances held in your **Current Account** are eligible balances under the Deposit Guarantee Scheme<sup>1</sup>.

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<sup>1</sup> The Deposit Guarantee Scheme (DGS) is administered by the Central Bank of Ireland and is funded by the institutions (including the Credit Union) covered by the scheme. The DGS protects eligible savings up to a limit of €100,000 per depositor per institution covered by the Scheme. For additional information on the Deposit Guarantee Scheme please refer to [www.depositguarantee.ie](http://www.depositguarantee.ie).

## STEP 2: INFORMING YOUR OLD CURRENT ACCOUNT PROVIDER THAT YOU ARE MOVING YOUR ACCOUNT.

- Complete the Switcher [Form](#), confirming the date you want your account to be switched.
- Pick your switch start date, allowing at least three working days for the switch form to be received by your 'old' bank.
- Chose a switch date for a quiet period when there is the least activity on your account and confirm whether you wish to follow Option A or B:

### Option A

Switch your personal **Current Account** (s) to Health Services Staffs Credit Union including all standing orders and direct debits and close your old **Current Account** (s)

OR

### Option B

Keep your old account open with your 'old' provider and only switch your active standing orders and direct debits to Health Services Staffs Credit Union **Current Account**.

Once you have completed the Switcher Form, we will then send your completed form to your 'old' bank. Your 'old' bank will

- Close your old account (Option A only)
- Send you a list of your direct debits and standing orders (Option A & B)
- Send us your closing balance (Option A only)
- Send us your standing order details (Option A & B)
- Notify the Direct Debit Originators of your new account details (Option A & B).

Please note for direct debit originators outside of Ireland these are not within the scope of the account switching code and you will need to notify them yourself of the change of account details. A form to request international service providers to change **Current Account** details for collection of bill payments by direct debit is available in [Appendix 1](#)

## STEP 3: NOTIFYING NEW ACCOUNT DETAILS TO PEOPLE/BUSINESSES WHO LODGE TO YOUR ACCOUNT

To ensure that payments you receive are lodged correctly to your account:

- Let your employer know your new **Current Account** details
- Re-direct any other regular payments into your new account(s) for example child benefits or share dividends etc.

Sample letters to help with this are in [Appendix 2](#) of this switcher pack.

## STEP 4: ENSURE YOUR BILLS ARE PAID ON TIME

- Check the list of existing standing orders and / or direct debits that your 'old' bank will send you. Let us know if you want any changes made to your standing orders.
- To change or cancel any direct debit(s) you must contact your provider (the direct debit originator) directly.

## STEP 5: COMPLETE THE SWITCH

We will lodge the balance to your new account (Option A only) and set up your standing orders (Option A & B) on your new account. Once your new **Current Account** is open our Staff will let you know and if you have any queries, they will be happy to address same for you.

### TOP SWITCHING TIPS:

- # Pick your switch start date, allowing at least three working days for the switch form to be received by your 'old' bank.
- # Chose a switch date for a quiet period when there is the least activity on your account.
- # Remember to provide your new account details to your employer to ensure your salary is paid into your new account.
- # Ensure your old account balance is in credit. We cannot switch your account if it is overdrawn. Make sure you leave enough funds to cover any interest or fees as well as any standing orders, direct debits, cheques, ATM or debit card transactions that may be due. If your account(s) is in credit, this amount will simply transfer automatically.
- # If you choose to close your old account, do not use your old cards or chequebook once the switching process has started. Cheques presented on your old account will not be forwarded to your new **Current Account** after the account has closed. They will be returned to the presenting bank unpaid, marked "Account Closed/Switched/Transferred".
- # Make sure to contact companies that have linked recurring payments on your old debit card e.g. gyms, tolls, streaming services as these will not automatically switch to your new account.
- # Direct Debits originating outside of Ireland are not within the scope of the account switching code and you will need to notify them yourself of the change to your account details.
- # Do not forget to confirm if you want to close your old account (Option A) or keep it open (Option B).

### COMPLAINTS

We are committed to providing our members with excellent service. If you are not happy with the service provided and wish to make a complaint you may do so:

- **IN PERSON**  
Visit the office and speak to any member of staff.
- **OVER THE PHONE**  
Phone the office and speak to any member of staff.
- **IN WRITING**  
Write to our office and address your complaint to "The Complaints Officer".

If you are not satisfied with the outcome, you can take your complaint to the Financial Services & Pensions Ombudsman. The Financial Services & Pensions Ombudsman is independent. They deal

with complaints which consumers have about financial service providers. It is a free service for you.

## HOW TO CONTACT THE FINANCIAL SERVICES & PENSIONS OMBUDSMAN

Financial Services & Pensions Ombudsman

Lincoln House, Lincoln Place, Dublin 2, D02 VH29

Phone: +353 1 567 7000

[info@fspoi.ie](mailto:info@fspoi.ie)

[www.fspoi.ie](http://www.fspoi.ie).

## DIRECTING YOUR SALARY AND OTHER PAYMENTS TO YOUR CURRENT ACCOUNT

When your **Current Account** has been opened with Health Services Staffs Credit Union we will provide you with an account number called an IBAN (International Bank Account Number). You will need your IBAN for payment instructions to/from your **Current Account**.

### STANDING ORDER PAYMENTS

Check your existing Standing Order payment instructions on your old **Current Account** to make sure the details are correct and notify us if you want to make any amendments to those payments on your new **Current Account**.

### DIRECT DEBIT PAYMENTS

Direct Debits occur when you give service providers authority to request payments from your **Current Account**. Your old **Current Account** provider will notify the Direct Debit Originators of your new account details. Direct Debits originating outside of Ireland are not within the scope of the account switching code and you will need to notify them yourself of the change to your account details.

### OVERDRAFT FACILITY

An overdraft balance cannot be transferred from one institution to another. You may apply for an overdraft facility on your new **Current Account** on opening your account or subsequently. Overdraft applications are subject to credit assessment. You may be required to provide supporting documentation for your Overdraft application.

### BEST TIME TO TRANSFER PAYMENTS?

Choose a time of the month when there is little activity on your old **Current Account** in terms of bill payments. You need to monitor your old and new **Current Accounts** until the transfer process is complete and to make sure each account has sufficient funds to meet any payment requests.

### CURRENT ACCOUNTS AVAILABLE:

Once you are a member of Health Services Staffs Credit Union you can open an account in your sole name or in joint names with another person (who must also be a member of Health Services

Staffs Credit Union) if you/both of you are resident in the Republic of Ireland. If you are 16 or 17 years of age, we require the consent of your parent or guardian for you to open an account.

Account Type	Key Features	Fees & Charges
Personal Current Account	<b>Current Account</b> with Mastercard Debit Card and access to online and mobile banking.	Applicable-Please see the <b>Current Account</b> Schedule of Fees and Charges.

## HAVE A QUESTION ABOUT THE PROCESS?

Please contact Health Services Staffs Credit Union and our staff will assist with any of your queries.

## CLOSING YOUR OLD CURRENT ACCOUNT

It is up to you to decide if you wish to close your old **Current Account** or keep it open. If you are closing your old **Current Account**, you should note the following:

- **BANK CARDS:**

Once your new **Current Account** is operational and you have your new debit card, you should destroy your old debit card.

- **FEES AND CHARGES:**

You should ensure your old **Current Account** has sufficient funds to meet any fees or charges that may be due.

- **CHEQUES:**

Do not issue cheques on your old **Current Account** and wait for any cheques you have already written to be paid before closing your old account, otherwise they will be returned unpaid.

You can also request an electronic or hardcopy statement for the previous 12 months on your old account free of charge.

## IN SUMMARY

- Complete the Switcher [Form](#)
- Make the transfer during a period of the month when there is least activity on your account.
- Send a request to your employer and other income sources to re-direct your salary and other regular income payments (e.g. pension, social welfare, child benefit, share dividends) to your new **Current Account**.  
(see [REQUEST TO YOUR EMPLOYER](#), [REQUEST TO INCOME SOURCES](#)).
- Review the list of standing orders provided by your former financial institution and contact us if you wish to make any amendments to your standing orders.
- Make sure to contact companies that have linked recurring payments on your old debit card e.g. gyms, tolls, streaming services as these will not automatically switch to your new account.

# SWITCHER FORM

If you would like to Switch your **Current Account** to Health Services Staffs Credit Union, please complete and sign the form below.

**Private & Confidential:**

**The Manager:** \_\_\_\_\_

**Old Bank Name:** \_\_\_\_\_

**Old Bank Address:** \_\_\_\_\_

**Option A:** I/we would like my/our "old" Account to be closed.

**OR**

**Option B:** I/we would like my/our "old" Account to remain open.

**Re Transfer of Old Bank Identification Code (BIC)**

**Re Transfer of Old International Bank Identification Number (IBAN)**

**To New Credit Union BIC**

**To New Credit Union IBAN**

**Name on Account:** \_\_\_\_\_

**Account holders Address:** \_\_\_\_\_

**Eircode:**

**To the Manager,**

- »» I/we hereby request and authorise you to prepare and supply to [Health Services Staffs Credit Union Ltd](#) and to me/us, a schedule of active Direct Debit and Standing Order Instruction details ("the Schedule") held by you in relation to my/our account at your branch.
  - »» If I/we have indicated above by ticking the box that I/we would like my/our **Old Bank Account Number** to be closed, then I/we further request and authorise you to transfer the remaining balance of the Account(s) to [Health Services Staffs Credit Union Ltd](#) (and to the account there at) as listed above as soon as all other normal procedures for account transfer are completed, upon or following which transfer you are authorised and instructed to close the Account(s).
  - »» I/We authorise and request that you will redirect, where possible, any debit card transactions presented on my/our old account to my/our [Health Services Staffs Credit Union Current account](#).
  - »» I/We are aware that all cheques presented on the account after it is closed will be returned unpaid marked "Account Closed/Switched".
  - »» I/we will return all cards and unused cheques on the **Old Bank Account Number** to you.
  - »» The preferred date for forwarding this authority is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Switch Start Date).
- Please notify the Originators of all Direct Debits on the Account, of details of the above transfer.

**To the Manager, Health Services Staffs Credit Union Ltd 5 High Street, Christchurch, Dublin 8**

1. On receipt of the Schedule as described above, I/we authorise you to pay Direct Debits and Standing Orders as so listed in the Schedule on and out of my/our account with you as listed above (and in accordance with the mandate applicable to that account). I/we will inform you in writing if I/we wish to amend or cancel any part of this instruction.
2. If I/we have indicated that I/we wish my/our Old Account to be closed, and if my/our balance at the Old bank is overdrawn, I/we authorise you to pay from my/our current account with you the amount of such overdrawn balance as is transferred to you by the Old bank.
3. I/We request and authorise you to apply and pay any debit card transactions redirected to you from my/our Old bank to my/our new account in accordance with the terms and conditions applying to my/our accounts.

Yours sincerely

**Customer Signature 1:** \_\_\_\_\_ **Customer Signature 2** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return the completed form to Health Services Staffs Credit Union. If you have any queries in relation to this form, please email [currentaccount@hsscu.ie](mailto:currentaccount@hsscu.ie)



# APPENDIX 1

## REQUEST TO INTERNATIONAL SERVICE PROVIDERS TO CHANGE CURRENT ACCOUNT DETAILS FOR COLLECTION OF BILL PAYMENTS BY DIRECT DEBIT

(photocopy if necessary)

### TO THE ACCOUNTS DEPARTMENT

Company / Org. Name \_\_\_\_\_

Company / Org. Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name(s) Printed \_\_\_\_\_

Your Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client / Reference Number \_\_\_\_\_

### REQUEST TO CHANGE PAYMENT ACCOUNT DETAILS

Dear Sir / Madam,

Please note that my / our payment account details have changed.

Day Month Year

Please debit payments from my / our Current Account from Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 as per details below:

Credit Union Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Name of Account holder(s) \_\_\_\_\_

BIC         Sort Code   -   -

IBAN

Day Month Year

Your Signature(s) \_\_\_\_\_  
 Signature 1

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 Signature 2

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPENDIX 2

### REQUEST TO YOUR EMPLOYER TO MAKE SALARY PAYMENTS TO YOUR CREDIT UNION CURRENT ACCOUNT

(Photocopy if necessary)

#### TO THE ACCOUNTS / PAYROLL DEPARTMENT

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Number (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

#### PAYMENT INSTRUCTION

Dear Sir / Madam,

**Please arrange for my salary to be paid to my Credit Union Current Account, with immediate effect, as detailed below.**

Credit Union Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Account holder(s) \_\_\_\_\_

BIC         Sort Code  -  -

IBAN

Day Month Year

Your Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

## APPENDIX 3

### REQUEST TO INCOME SOURCES TO TRANSFER PAYMENTS TO YOUR CREDIT UNION CURRENT ACCOUNT

(Photocopy if necessary)

#### TO THE ACCOUNTS DEPARTMENT

Organisation Name \_\_\_\_\_

Organisation Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your Name(s) Printed \_\_\_\_\_

Your Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Client / Reference Number \_\_\_\_\_

### REQUEST TO TRANSFER PAYMENTS TO YOUR CREDIT UNION CURRENT ACCOUNT

Dear Sir / Madam,

**Please arrange for my / our payments to be made to my / our Credit Union Current Account, with immediate effect, as detailed below.**

Credit Union Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of Account holder(s) \_\_\_\_\_

BIC         Sort Code   -   -

IBAN

Day Month Year

Your Signature(s) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature 1

Signature 2

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland, registered number 303CU.