

# Form C

bank standing order form

Yes, I would like to join the  
**money revolution**  
and become a member of



To the Manager \_\_\_\_\_  
Bank or Building Society \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Please pay on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
And each month thereafter until further notice the sum of £ \_\_\_\_\_ to the credit of:- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Your Name \_\_\_\_\_  
Your Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Name(s) of account holders \_\_\_\_\_  
Branch Sort Code   
Bank or Building Society Account No.

(Mr/Mrs/Ms/Miss/Dr) \_\_\_\_\_  
Surname \_\_\_\_\_  
Forenames \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
(please provide proof of ID and current address, ask at CU office for details)  
Date of Birth \_\_\_\_\_  
Tel No. (Work) \_\_\_\_\_ Tel No. (Home) \_\_\_\_\_  
National Insurance Number \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Payroll Number \_\_\_\_\_

I hereby apply for membership of the above credit union and agree to abide by the rules of the above credit union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable membership fee of..... will be deducted from my first payment into the Credit Union, to cover administration costs etc.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Please fill in form A overleaf. If you wish to save via payroll deduction or standing order, please also fill in form B or C. Ask at the credit union office for details of other ways to save.

# Form A

beneficiary for insurance form of nomination

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

Postcode \_\_\_\_\_

a prospective member of the above credit union hereby nominate

(name of beneficiary) \_\_\_\_\_

of (address) \_\_\_\_\_

Postcode \_\_\_\_\_

relationship to prospective member \_\_\_\_\_

as the person to whom there shall be transferred at my decease such property in the credit union as may be mine at the time of my decease, whether in shares or otherwise, should my application for membership be successful.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

The witness shall not be the beneficiary

.....  
**For Office Use Only**

ID provided \_\_\_\_\_

Accepted/Declined for membership on \_\_\_\_\_

Membership Number \_\_\_\_\_

# Form B

payroll deduction order



(Please contact the credit union office to ensure that your employer accepts payroll deduction)

To the Payroll Dept (name of employer) \_\_\_\_\_

Please commence deductions of £ \_\_\_\_\_ per week/month from my wage/salary,

in favour of **Sefton Credit Union Ltd** Credit Union Ltd.

Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice to the credit union, in writing, of any changes.

Name \_\_\_\_\_

Payroll Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

.....  
**For Use by Payroll Section**

Deduction Code \_\_\_\_\_

Deduction Ref \_\_\_\_\_

Input Week/Month \_\_\_\_\_