

For office use only
Membership No:

Details of Young Saver

(Please complete this section of the form on behalf of the Young Saver)

Full Name: _____

Date of Birth: _____ Gender: Male / Female / Prefer not to say *Delete as appropriate

Address (incl. Postcode): *The Young Saver must live in the same household as the Adult Member*

Details of Trustee

(Adult Member)

Member Number: _____

Full Name: _____

Date of Birth: _____ Relationship to Young Saver: _____

Address (incl. Postcode): _____

Email: _____ Telephone Number: _____

Adult Member Signature:

Date:

Please return this form to the address below along with the following, to allow us to process your application

- Proof of the Young Saver's Identity (Birth Certificate, Passport)
- A completed and signed Standing Order Mandate



Standing Order Mandate

Name of Credit Union Member: _____
(the credit union a/c to receive money)

Name of Bank Account Holder: _____
(as It appears on the Bank Account, if different)

Address of Bank Account holder:

Name of Your Bank: _____

Your Bank Sort Code: _____

Your Bank Account Number: _____

Until you receive further notice from me please pay:

The Co-operative Bank, Croydon Branch, Sort Code 08-92-99

For the Credit of: Croydon Merton & Sutton Credit Union Ltd Ref: _____

6	7	0	0	5	7	5	0
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The sum of (Amount in Figures): £ _____

(Amount in Words): _____

Commencing on _____
(The start date of the payments)

and thereafter every _____ or Weekly / Fortnightly / Monthly
(Due Date)

Signature of Bank Account Holder: _____ Date _____
(Bank Account Holder to sign here)

TO THE BANK: Please ensure you use this reference:

Please cancel any previous standing order in favour of CMS Credit Union / Croydon Plus

Account 1	Account 2	Account 3	Account4	TOTAL		Date + Initials
S	£	£	£		Received From Member	
L					COPY, Original To Bank	
					Entered on COMPUTER	

