

## CroydonPlus Credit Union Ltd Junior Saver Membership Application From

For office use only **Membership No:** 

Date of Birth:	Gender:	Male / Female / Prefer not to say *Delete as appropriate
Address (incl. Postcode): *Th	e Junior Saver must live	in the same household as the Adult Member*
Details of Trustee		
Adult Member)		
/lember Number:		
ull Name:		
		tionship to Junior Saver:
ddress (incl. Postcode):		
Personal Email:		
elephone Number:		

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

- Proof of the Junior Saver's Identity (Birth Certificate and/or Passport)
- A completed and signed Standing Order Mandate. Should you wish to set up payments directly from your bank account, you can do this using the following information:

Sort Code **08-92-99** Account Number **67005750** Reference: **<NUM>-<FORENAME>-<SURNAME>** 

Croydon, Merton & Sutton Credit Union Ltd Trading as Croydon*Plus* Registered office – 221 The Lansdowne Building, 2 Lansdowne Road, Croydon CR9 2ER Tel: 020 3468 8568 - Email: <u>cu-info@croydonplus.co.uk</u> Web: <u>www.croydonplus.co.uk</u>



Authorised and Regulated by the Financial Conduct Authority (FCA) & Prudential Regulation Authority (PRA) Firm Number 213603, - Registration number 569c



## Standing Order Mandate

	it Union Member: on a/c to receive money)									 	 
Name of Bank	Account Holder: on the Bank Account, if different)									 	 
Address of Ba	nk Account holder:									 	 
Name of Your	Bank:									 	 
Your Bank Sor	t Code:										
Your Bank Acc	ount Number:										
Until you rece	ive further notice from me please pay:										
The Co-operat	tive Bank, Croydon Branch, Sort Code 08-92-99										
For the Credit of:	Croydon Merton & Sutton Credit Union Ltd Ref: CU Members	6	7	0	0	5	7	5	0		
The sum of (A	mount in Figures): £										
(A	mount in Words):										 
	on e of the payments)										
and thereafte	r every or Weekly / Fortnightly / Monthly (Due Date)										
Signature of B	ank Account Holder: (Bank Account Holder to sign he	re)		_ Da	ite					 	 

## 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	£	£	c.		Received From Member	
L			Ľ		COPY, Original To Bank	
					Entered on COMPUTER	

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