YOUR COMMUNITY BANK

For office use only

Membership No:

New Junior Member Application Form

Our Junior Saver Account can be opened from birth and will provide a secure and safe savings account for your young person. This account will remain under your control until the child reaches 17, at which point they will automatically become the owner of the account and any funds that that it contains.

Do not worry though, we will write to you before to remind you and you can decide then what you would like to do going forward.

If you would like to set up an account for your young person, please complete the below form and return it to us along with proof of the Junior Saver's identity (Birth Certificate, Passport) at: info@yourcb.org.uk

There is no need to complete a second standing order form. Please just let us know below how much you would like to be allocated from each deposit to this account.

Details of Junior Saver (Please complete this section of the form on behalf of the Junior 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 Junior Saver: _____

Address (incl. Postcode):_____

Email: _____Telephone Number: _____

I would like to deposit £_____ per week / fortnight / month **to this Junior Saver Account *Delete as appropriate**

Adult Member Signature: Date:

Print Adult Member Name: _____

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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: CU Members**	**6**	**7**	**0**	**0**	**5**	**7**	**5**	**0**

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 / Your Community Bank

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