YOUR COMMUNITY BANK

New Member Application Form (Adult)

Applicant Information

Title: (Mr/Mrs/Miss/Other): _____ First Name (s): _____

Surname: _____ Date of Birth: _____

Full Address: _____

Home Tel No: _____ Mobile: _____

Personal E-Mail: _____ NI Number: _____

Occupation: _____ Name of Employer: _____

Employers Address: _____

How did you hear about us? _____

Would you be interested in setting up any of the following Budgeting Accounts? (further information on these accounts can be found overleaf)

Christmas Saver Account: Yes / No *Delete as appropriate School Saver Account: Yes / No *Delete as appropriate.

Junior Saver Account: Yes / No *Delete as appropriate.

If you have selected 'yes' to any of the above accounts, please read through the additional sheets within this pack and sign the separate disclaimers.

Eligibility

Do you LIVE in Croydon, Merton or Sutton?	Croydon / Sutton / Merton	*Delete as appropriate.
Do you WORK in Croydon, Merton or Sutton?	Croydon / Sutton / Merton	*Delete as appropriate.
Do you STUDY in Croydon, Merton or Sutton?	Croydon / Sutton / Merton	*Delete as appropriate.

Declaration and Signature

I hereby apply for membership of the Croydon Merton & Sutton Credit Union Ltd. I agree to pay the £10.00 entrance fee (£5.00 of which will be deposited into my Share 1 Account as my Initial Deposit) and I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Applicant's signature: Date:

**Please return this form to us via the Nivo App, by email at: www.yourcb.org.uk or at the address below along with:

Proof of your Address (Bank statement, Utility Bill, Council Tax Letter)	Tick to confirm provided	
Proof of your Name (Passport or Driving Licence)	Tick to confirm provided	
A completed and signed Standing Order Form or Payroll Deduction Form:	Tick to confirm provided	
Do you require a Suits Me Card?	Mark Y for Yes / N for No	

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Nomination of Beneficiaries

Your Details

Member Number: _____ Full Member Name: _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Beneficiary Details

Full Name of First Beneficiary: _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Relationship to Member: _____

Full Name of Second Beneficiary (if applicable): _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Relationship to Member: _____

Declaration and Authorisation

In the event of my death, I wish for Your Community Bank to consider transferring all available funds that are mine, whether in shares or otherwise to the beneficiary / beneficiaries named above.

Signature of Member: **Date:**

Print Members Name: _____

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PLEASE LEAVE THIS SHEET BLANK IF YOU DO NOT WISH TO SET UP AN ADDITIONAL 'CHRISTMAS SAVER ACCOUNT'

Christmas Saver Application

Our Christmas Saver Account is the perfect way to save money ready for next Christmas. The Christmas Saver is separate from your main savings account with us and will secure savings for withdrawal over the Christmas Period. This would be there to help you with the cost of Christmas or even to make the long month of January a little easier to manage. The best part about having this additional account is that there is no minimum monthly figure, so you are free to save as little, or as much as you like!

Please note that the Christmas Saver Account is a SAVINGS only account and funds in this account will only be released in November, December and/or January. If at the time of withdrawal, you have a loan which is in arrears, we will use the funds from this account to clear the balance of the arrears before releasing any remaining funds to you. No loans can be issued on this account and you can only open a Christmas Saver Account if you are already a member of Your Community Bank with a regular Share Account.

I wish to open a Christmas Saver Account and agree to save a total of £_____per week / month

* Delete as appropriate

**You do not need a separate Standing Order for this. When we receive your funds, we will allocate them across your accounts as specified.

Disclaimer and Signature

I understand and agree that this account is a Christmas Savings ONLY account and savings will only be released in the months of November, December or January and no loans can be issued on this account. I also agree that should I have any arrears on any Loan Accounts at the time of withdrawal you will use the funds from this account to clear the balance of the arrears before any remaining funds are released to me.

Signature: Date:

Print Members Name: _____

YOUR COMMUNITY BANK

For office use only
Junior Saver Membership No:

New Member Application Form (Adult)

PLEASE LEAVE THIS SHEET BLANK IF YOU DO NOT WISH TO SET UP AN ADDITIONAL 'JUNIOR SAVER ACCOUNT'

Do you have a young person living with you? Have you considered setting them up a Junior Saver Account?

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).

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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PLEASE LEAVE THIS SHEET BLANK IF YOU DO NOT WISH TO SET UP AN ADDITIONAL 'SCHOOL SAVER ACCOUNT'

School Saver Application

Our School Saver Account is specially designed for use when you need it most! It will allow you to saver for School Uniform, Equipment and Fee's that can be accessed for withdrawals in August, December and April. This could even be used for long term savings toward university costs! The best part about having this additional account is that there is no minimum monthly figure, so you are free to save as little, or as much as you like!

I wish to open a School Saver Account and agree to save a total of £_____per week / month

* Delete as appropriate

**You do not need a separate Standing Order for this. When we receive your funds, we will allocate them across your accounts as specified.

Please note that the School Saver Account is a SAVINGS only account and funds in this account will only be released during the months of April, August and December. If at the time of withdrawal you have a loan which is in arrears, we will use the funds from this account to clear the balance of the arrears before releasing any remaining funds to you. No loans can be issued on this account and you can only open a School Saver Account if you are already a member of Your Community Bank with a regular Share Account.

Disclaimer and Signature

I certify that the information given is true and complete to the best of my knowledge. I hereby apply to open a School Saver Account and agree to abide by the rules of Croydon Merton and Sutton Credit Union Ltd . I agree to Croydon Merton and Sutton Credit Union Ltd carrying out any enquiries to assist when making decisions about my Credit Union account such as an on-line identity verification or credit search using a Credit Reference Agency. I understand and agree that this account is a School Saver Account ONLY account and savings will only be released in the months of April, August and December and no loans can be issued on this account. I also agree that should I have any arrears on any Loan Accounts at the time of withdrawal that you will use the funds from this account to clear the balance of the arrears before any remaining funds are released to me.

Signature: Date:

Print Name: _____

YOUR COMMUNITY BANK

For office use only **Membership No:**

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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	