

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Title Forename Surname

Address

Postcode

Home Tel No Mobile Tel No

Email Address

Date of Birth Gender Male Female

NI Number

BANK DETAILS: Please note that these details are required for withdrawals only.

Name of Bank

Account Number Sort Code

Account Holders Name

Please provide memorable password

NOMINATED BENEFICIARY

Please provide details of whom you wish any funds in your account to be transferred to in the event of your death.

Name

Address

Relationship to you

SAVING METHOD.

I wish to save by: Standing Order Payroll deduction Child Benefit Online Transfer

AUTHORITY FOR PAYROLL DEDUCTION: Selected employers only.

I confirm that I wish for the amount detailed below be deducted from my wage/salary and deposited into my West Cheshire Credit Union account until further notice.

Employer

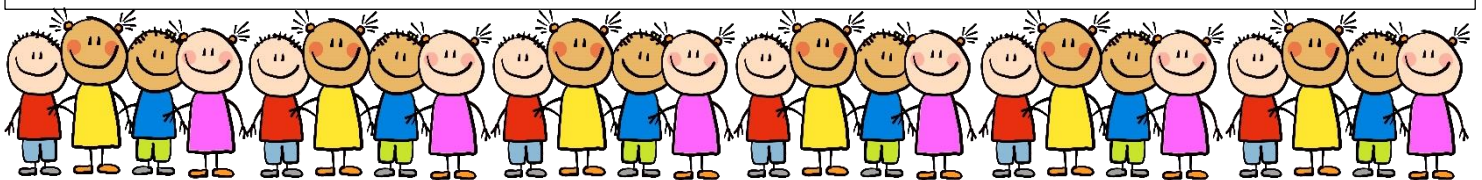
Payroll Number Job Title

Amount Frequency

I hereby apply for membership of West Cheshire Credit Union and agree to abide by their rules. I agree to pay a one off non-refundable membership fee and understand that my personal information may be used to confirm my identity and stored in accordance with the Data Protection Act 1998. I have received a copy of the FSCS information.

Signed Date

Name (please print)





Please return to the address below your completed application together with two acceptable forms of ID, one confirming identity and one to confirm residence.

A £5 non-refundable membership fee will be deducted from the first deposit received.

West Cheshire Credit Union
12-16 Brookdale Place
Chester
CH1 3HY

Tel: 01244 399006

Email: info@wccu.co.uk

For office use only	
Date Received	
Membership Number	
Proof of Identity	
Proof of Residence	
Amount Received	
Sent to Payroll	
Welcome pack sent	