

4. Optional

Payroll deduction order

(Selected organisations only. Please ask a member of staff for further details)

To the Payroll office

Please commence deductions of £ per

week ☐

fortnight ☐

month ☐

from my wages/salary, in favour of Castle & Crystal Credit Union. Deductions are to commence from the first available pay date and shall remain in effect until such time as Castle & Crystal gives notice, in writing of any changes.

Name

Payroll no.

Place of employment
Post code

Signed / Date / / 20

For office use only

Membership number (to be completed by staff)

Date faxed

We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a credit union is unable to meet its financial obligations.
Castle and Crystal Credit Union is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm reference number 213711.

5. Verification of Identity

We will not require any documentation with this application, as we will use an Online Anti-Money Laundering Verification System. If we are unable to verify your identity by using this method, you will be asked to supply documentary evidence in order to satisfy FSA Money Laundering Controls.

In the event of a failed Identity check we may require proof of your current name and address. All documents must be originals and individuals are advised to present the identification in person.

Personal name identification

Full UK **driving licence** or current **signed passport** or **benefit letter** from DWP

Evidence of address

Recent utility bill, council tax bill or benefit letter from DWP

Eligibility to join the credit union

Living or working within the West Midlands.

Employed or in receipt of services from a variety of organisations (contact our office for details)

Membership joining fee applies (contact our office for details)

Contact details

25 New Street, Dudley DY1 1LT

Telephone: 01384 815771

Email: castle.crystal@dudley.gov.uk

www.castleandcrystal.co.uk

Office hours

Monday 9.30am - 4.30pm

Tuesday 9.30am - 4.30pm

Wednesday 9.30am - 4.30pm

Thursday 9.30am - 4.30pm

Friday 9.30am - 4.00pm

Keep up to date with news at Castle & Crystal by joining us on facebook or following us on twitter



Membership application



Castle & Crystal Credit Union



1. Eligibility

Complete parts one and two and return it to the office.

Application for membership

Surname

Title

Forenames

Address

Post code

Date of birth

NI Number

Tel no. (inc. STD)

(Home)

(Work)

(Mob)

Email Address

Employers name

Work place address

Post code

Type of account

☐ Regular

☐ Holiday

☐ Christmas

☐ Other

Security data

Mother's maiden name

First school

I hereby apply for membership of and agree to abide by the rules of Castle & Crystal Credit Union. I declare that the above information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable fee of up to £3.00 will be deducted from my first payment into the Credit Union, to cover administration costs.

Signed / Date

/

/20

2. Beneficiary details

Please nominate any person(s) whom you would like to receive any funds in your account upon your death.

I hereby nominate _____

of (address) _____

Telephone _____

Relationship to prospective member _____

Signed

Date

Marketing Preference:

Accept Marketing

☐

Decline Marketing

☐

Eligible deposits in Castle & Crystal Credit Union are protected by the Financial Services Compensation Scheme. Your funds are protected up to £85,000.

Please tick this box to acknowledge you have received the information sheet and have read and understood this information. ☐

Data protection statement

In accordance with the principal of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the Credit Union. Your personal details will be treated confidentially and only be shared with other agencies for the purpose of credit referencing and debt recovery for which purpose we hold a category F Consumer Credit License. You have the right to access any of your personal information held on Castle & Crystal Credit Unions files. There is a fee of £10 for this service.

Official use only

Checked by

Date input

Membership number (to be completed by staff)

3. Optional

Standing order form (complete for savings only)

Bank name

Bank address

With immediate effect please make the payment detailed on this form until further notice:

Details of monthly payment

Name of bank account

(i.e. Joe Bloggs)

Bank account no.

Bank sort code

Please commence deductions of

£

per week

☐

fortnight

☐

month

☐

with effect from

Pay to

Bank

Lloyds Bank

Account

Sort code

Account no.

Castle & Crystal Credit Union

30-98-21

35152760

Please quote membership no.

This is a new instruction

☐

This is an amendment to an existing instruction

☐

This is an additional instruction

☐

Signed / Date

/

/20