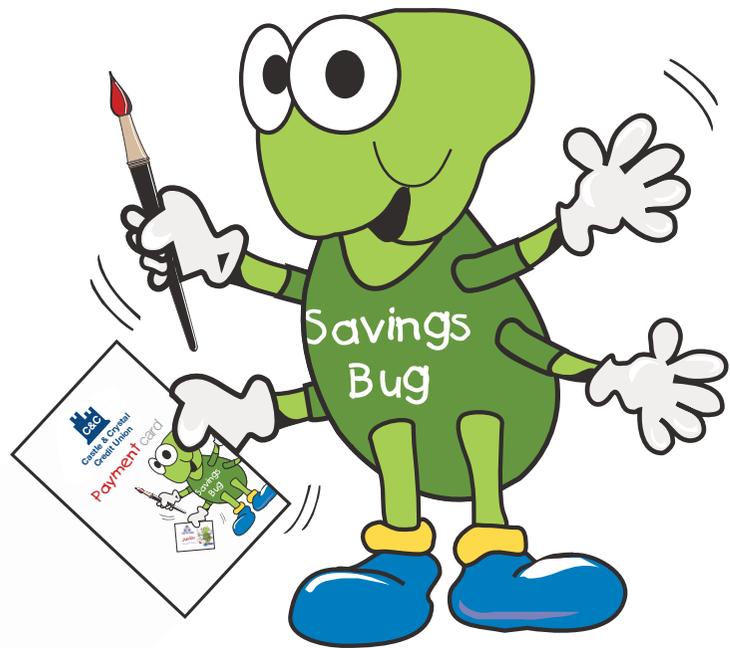


Don't forget to fill
in your standing order
form overleaf!



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

Contact details

25 New Street

Dudley

DY1 1LT

Telephone: 01384 815771

Fax: 01384 813957

Email: castle.crystal@dudley.gov.uk

www.castleandcrystal.co.uk



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by the European Union
European Regional
Development Fund



**Castle & Crystal
Credit Union**

Junior application

Have you got the
**Dudley
savings
bug?**



Castle & 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. Registration No. 353C

Application for Junior membership

Child's identification required (birth certificate, medical card or passport)

Childs details

Surname	<input type="text"/>	Title	<input type="text"/>
Forenames	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Post code	<input type="text"/>

Adults details

I wish to be trustee of the account or I wish to designate

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Tel no. (inc. STD)	<input type="text"/>	<input type="text"/>	
	(Home)	(Work)	
	<input type="text"/>	<input type="text"/>	
	(Mob)	(Email)	

I wish that all correspondence for this Junior to be sent to me as trustee (Please tick)

I shall be trustee of the above account until the Junior member reaches the age of years old (up to 16yrs). The aforementioned junior member will then be responsible for their own account.

I declare that the above information given by me on this form is true and correct to the best of my knowledge and belief.

Signed / Date / /20

Trustee section

Are you already a member of Castle & Crystal?

If so please enter your membership number

If you are not a member we require **one form** of identification from you. A recent utility bill is adequate.

I wish to pay by Standing order Cash Payroll deduction

Where did you hear about us? Ref

Security Data

Password

Signed / Date / / 20

Office use only

Junior membership no.

Input by Initials Date input
CAFFE Yes / No Ward
Delete as appropriate

Standing order form

To the manager

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

£ on the of each month/week*
* delete as applicable

Pay to

Bank Unity Trust Bank, 9 Brindley Place
4 Oozells Square
Birmingham B1 2HB

Account no. 20140076
Account Castle & Crystal Credit Union
Sort code 08 60 01

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