



Membership Application Form

This information is required for us to open a savings account in your name. Any information you provide is treated confidentially.

Identification requirements: Please provide one item as proof of identification (i.e. your name) and one separate item as proof of your current address (e.g. passport, driving licence, tenancy agreement, benefit entitlement letter, recent utility bill etc.)

Mr/Mrs/Miss (Other)	Surname
First & Middle Name(s)	
Address	
Postcode	
Home Tel. No.	
Mobile No.	
Email address	
Nat. Ins. No.	Date of birth
Employer's Name, Address & Postcode	
Work Tel. No.	
Any other Credit Union membership?	
Are you a Housing Association tenant? If so, which?	
How did you hear about Money Box Credit Union?	
Please provide a password which can be used for identification purposes. My password is _____	
I hereby apply for membership and agree to abide by the rules of Money Box Credit Union and declare that the 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 one-off membership fee of £4.00 will be deducted from my first payment into Money Box Credit Union to cover administration costs etc.	
Your signature: _____	
Print Name: _____	Date: _____

Your Beneficiary for Insurance

In the event of my death I nominate the following as the person(s) to whom there shall be transferred such property in Money Box Credit Union as may be mine at the time of my death, whether in shares or otherwise. (The witness cannot also be the nominee).

Nominee's Full Name & Title

Relationship to you

Address & Postcode

Tel. No.

Your signature: _____

Print Name: _____ **Date:** _____

Witness' signature: _____

Print Name: _____ **Date:** _____

How would you like to pay into your Credit Union Account?

Standing Order from your bank **Payroll Deduction***

*Please check that your employer offers payroll deduction before completing this form.

Benefit Payments

Deposit savings at a local collection point or at the Post Office*

*If you tick this box we will order you a Payment Card to make payments at your local Post Office.

I have received a copy of the FSCS eligible deposit coverage information.

Signature _____ **Date:** _____

Data Protection Statement

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the Credit Union. Your details will be treated confidentially. If you have requested a Payment Card your details will be shared with Allpay for the purpose of producing your card.

Please ensure that you have:-

- Completed and signed the application form and had it witnessed
- Identified a payment method and completed the standing order or payroll deduction form as required.

For Money Laundering purposes, as required by the Financial Conduct Authority, please provide:-

- Proof of identification (your name) - e.g. passport or driving licence
- Proof of your current address - e.g. a recent utility bill.

These will be returned to you.

And don't forget to provide us with a password that can be used for identification purposes when you contact us about your account.

*If you have a special offer promotion code please complete this box

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Membership No.
(To be issued and completed by MBCU)

For office use only:
Actioned by:
Date:

Money Box Credit Union Ltd

Legion Way, Hereford HR1 1LN.

01432 354103 info@moneyboxcu.org.uk

www.moneyboxcu.org



Part of the
Credit Union
Community

Standing Order form

Set up a regular payment going into your Money Box Credit Union account directly from your bank account.

To the Manager of _____ Bank

Address

Your Name

Bank Account No.

Sort code

Please pay Unity Trust Bank plc

Sort code: 60-83-01 Account No: 20074171

For the credit of Money Box Credit Union Ltd

The sum of £ _____

Amount in words _____

Starting date _____ and every _____ following

Quoting reference *(for office use only)*

Your signature:

Date:

Membership No.

(To be issued and completed by Money Box Credit Union)

For office use only:

Actioned by:

Date:

Payroll Deduction form

Please check with us first to see if your employer is offering this scheme.

Please make the following deduction from my pay to Money Box Credit Union Ltd:

Employee/Pay No.

Your Name

Company Name

Department/Section

£..... per week/month from the first available date

Your signature:

Date:

Membership No.

(To be issued and completed by Money Box Credit Union)

For office use only:

Actioned by:

Date: