



Junior Savers Membership Form

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

Available for children from birth up to the age of 16 who live or study in Shropshire or Telford & Wrekin. Adults can open an account for their children, grandchildren, nieces, nephews, or any other special child in their lives.

Identification requirements:

Please provide confirmation of your own name and current address as well as two forms of identification for the young person (e.g. birth certificate, passport, NHS medical card).

SECTION 1 - About the adult opening the account

Are you already a member of Just Credit Union? YES NO

Mr/Mrs/Miss (Other)	Surname
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First & Middle Name(s)

Address & Postcode

Relationship to the child

Home Tel. No.

Mobile No.

Email address

Nat. Ins. No.	Date of birth
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Employer's Name, Address & Postcode

Work Tel. No.

I wish to manage this account until the young person reaches the age of years.

The maximum amount that the child can withdraw from this account is £

Your signature: _____ Date: _____

SECTION 2 - About the young person (who the account is for)

Child's Full Name

Address & Postcode

Date of birth

Male

Female

If over the age of 7 years please provide:

Child's signature:

Date:

How would you like to pay money into this 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. We also have community branches (collection points) at locations in and around Shrewsbury and across Shropshire and Telford & Wrekin. Please contact us for further details.

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

Signature _____ Date: _____

Please ensure that you have:-

- Completed and signed the application form yourself and obtained the child's signature if applicable.
- 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 and your current address - e.g. a recent utility bill.
- Proof of identification for the child who the account is for - e.g. birth certificate, passport, NHS medical card).

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

Just Credit Union is 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 Just Credit Union)

For office use only:

Actioned by:

Date:

Just Credit Union Ltd

1A Castle Gates Shrewsbury SY1 2AQ

01743 252325 info@justcreditunion.org

www.justcreditunion.org



Part of the
Credit Union
Community

Standing Order form

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

To the Manager of		Bank	
Address			
Your Name			
Bank Account No.		Sort code - -	
Please pay The Co-operative Bank Sort code: 08-92-50 Account No: 50004674 For the credit of Just Credit Union Ltd The sum of £ <input type="text"/> Amount in words <input type="text"/> Starting date <input type="text"/> and every <input type="text"/> following Quoting reference <input type="text"/> (for office use only)			
Your signature:		Date:	
Membership No. <small>(To be issued and completed by Just Credit Union)</small>		For office use only: Actioned by: <input type="text"/> Date: <input type="text"/>	

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 Just Credit Union Ltd:

Employee/Pay No.			
Your Name			
Company Name			
Department/Section			
£ <input type="text"/> per week/month from the first available date			
Your signature:		Date:	
Membership No. <small>(To be issued and completed by Just Credit Union)</small>		For office use only: Actioned by: <input type="text"/> Date: <input type="text"/>	