



# Direct Payment Application Form

This information is required for us to open an 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
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First & Middle Name(s)
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Address
Postcode

Home Tel. No.
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Mobile No.
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Email address
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Nat. Ins. No.	Date of birth
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Direct Payment No.
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Account on behalf of: (If not the member)
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I hereby apply for membership and agree to abide by the rules of Just 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 Just Credit Union to cover administration costs etc.

Your signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorisation to pay

I authorise Just Credit Union to open a Direct Payment Account and to make payments from my Direct Payment Account (Share 4) until further notice as requested by:

1. Carers/Personal Assistants  
(Please complete a separate details for each one)
2. Shropshire Council Direct Payments Team  
The balance of any unused Direct Payments in my account in the event that my agreement with Shropshire Council ceases.
3. Sally's Payroll Services
4. Mark Bates Ltd or any other insurers on request

Other \_\_\_\_\_

I also authorise Just Credit Union to share information about my Direct Payment Account (Share 4) with Shropshire Council Direct Payments Team for monitoring purposes. This may include the issuing of copy statements.

I understand that this arrangement will continue indefinitely unless Just Credit Union are notified by me of any changes\* and will apply only to my Direct Payment Account (Share 4). Any other accounts I hold with Just Credit Union are excluded.

*\*Please remember to advise us if your carer or payroll service details change.*

Signature of Account Holder: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Contributions

If you are making additional contributions into the account please select a method of payment:

Payment Card (Allpay)

Standing Order from your bank\*

\*If you tick this box please complete the Standing Order Form over the page which we will send to the bank on your behalf. If you are arranging the Standing Order with your bank directly **please ensure that your Membership Number** followed by 'Share 4' are included in the 'Reference' section of the form.

## Check List

Please ensure you have:-

- Completed and signed the application form
- Provided proof of identification for your name - e.g. passport or driving licence and proof of your current address - e.g. a recent utility bill. These will be returned to you.
- Signed the Authorisation to pay section
- Enclosed Carer salary payment forms completed by each Carer/Personal Assistant.

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.

## 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 £ \_\_\_\_\_

Amount in words \_\_\_\_\_

Starting date \_\_\_\_\_ and every \_\_\_\_\_ following

Quoting reference

/Share 4

Your signature:

Date:

Membership No.

*(To be issued and completed by Just Credit Union)*

For office use only:

Actioned by:

Date:

**Just Credit Union Ltd**

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Part of the  
Credit Union  
Community