

SCVO Credit Union Membership Application Form



Application Details	
Title	
First Name	
Surname	
Home Address	
Post Code	
Mobile	
Tel. day	
Tel. Evening	
Email address	
Date of Birth	
NI Number	

Next of Kin or Executor	
Title	
First Name	
Surname	
Address	
Post Code	

Bank Details	
Sort code	
Account No.	
Name on Acct.	
Bank Name	
Branch Address	
Post Code	

ID Documents (please enclose one from each line)
Passport/Drivers Licence/Employee Card
Bank Statement/Utility Bill

Savings Details
Please state the amount you wish to save initially, this will be collected by Direct Debit on the 1 st of each month or by Payroll deduction
Monthly amount in figures £
Amount in words

Your Authority
In signing this application I agree to abide by the rules of the SCVO Credit Union
Sign

We may contact you occasionally about other SCVO Credit Union products and services which may be of interest to you, unless you chose to opt out. We will not give your personal details to any unauthorised third parties. If you would rather not receive Credit Union marketing emails in the future, please contact us at applications@scvocreditunion.scot or 0131 474 8003

Membership Verification	
I confirm that at the date of signing the applicant is an employee/trustee/volunteer with	
Organisation Name	
Or is an immediate relative/partner of an existing member of SCVO Credit Union and resident at the same home address.	
To be signed by an authorised representative of your organisation or immediate relative who is a current member	
Sign	Date
Print Name	Position

Credit Union Use only	Application Actioned by
CU Account No:	Date Welcome Pack issued

applications@scvocreditunion.scot