**HC CREDIT UNION APPLICATION FORM | Bill Payment (DAMS)

CATALOGUE HC REF#:** HC\_C\_520

If you would like to become a member of the HC Credit Union and open any type of ‘Bill Payment Service’ (DAMS),
please complete this form in BLOCK CAPITALS and return it to a credit union branch or member of staff, or post to:
*HC Credit Union c/o Tate & Lyle Sugars PLC, Factory Road, Silvertown, London E16 2EW*Our bill payment services allow our valuable Customers to make urgent payments or pay routine bills through our network to certain creditors (“billers”). We maintain relationships with billers in key industries which include the credit card, mortgage, auto finance, telecommunications, corrections, satellite, prepaid card and collections industries.
Bill payment services also enable valuable Customers to load and reload prepaid debit cards.

 **PERSONAL DETAILS**
Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: Mr/Mrs/Ms/Miss/Dr/Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.I. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TICK THE APPRPPRIATE BOXES**

|  |  |  |
| --- | --- | --- |
| **BILL PAYMENTS** | **Monthly Gross Amount £** | **Please Tick**  |
| **EXAMPLE ITEM 1 GAS BILL - BRITISH GAS** | £\_95.00\_\_\_\_\_\_\_\_\_\_\_\_ | [X ] |
| **ITEM 1** | £\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] |
| **ITEM 2** | £\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] |
| **ITEM 3** | £\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] |
| **ITEM 4** | £\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] |

 **CREDIT UNION ACCOUNT DETAILS**
I would like to save £ per week/month
I would like to pay into my Credit Union Account by:

**1.1 Cash over the counter Monthly direct debit (please compete) [ ]
1.2. direct debit mandate. We will send this to your bank) [ ]**

**1.3 . Payroll deduction (if you are employed by a participating employer, please complete payroll mandate.
*(We will send this to your employer)***

I would like to enter the HC Credit Union Members’ Private Lottery. [ ]

*A ticket would cost £1 per week/month from my savings (maximum £10 per month).*

Please deduct £ per week/month from my savings until further notice.

I apply for membership of HC Credit Union and agree to abide by its’ rules.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that the information given by me is correct. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that a non-refundable fee of £0.70 will be deducted from my first payment into the HC Credit Union and that

I will not be a full member until this has been paid. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to keep a minimum of £20.00 of my savings in my Account. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Your signature: X Date: X**

 **Data Protection Statement:** *In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing and debt recovery, for which purpose we hold a Category F Consumer Credit Licence.*

By submitting this application form, you will be indicating your consent to receiving product and service information by letter, phone/e-mail from us and our partners unless indicated an objection to receiving such information by ticking the box. [ ]

**PROVING YOUR IDENTITY**

Before we can open your Hart Culture Credit Union Account, we need to see 2 original documents.
One is used to prove your identity, the other would be to prove your address.

 **You can use these to prove your identity:**

A passport (if this is not an EU passport then it must show valid VISA to stay in the UK).

Original letter from Benefits Agency (or Pensions)

Full UK driving licence or blue disabled driver’s pass Service, Child Benefit Agency, etc

EU Member State ID card

Library Card (Inc. British Library Study Card)

University/College Student Card

Gym Membership Card

 **You can use these to prove your address:**

Recent bills (less than 3 months old) such as: Council rent card

Tenancy agreement

Council tax demand or gas, electricity

or

Official letters from a UK solicitor or Benefits Agency

Water rates bill (or Pensions Service, Job Centre Plus, Child Benefit

Recent bank, building society or credit card Agency, etc) statement (less than 3 months old)

If you do not have any of these documents, please let us know. There are many more documents that can be used. We would like to help you open a credit union account.

**For Office Use Only**

Account Opened : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Expiration Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_