

## Application form

Surname

First names

Mr/Mrs/Miss/Ms

Date of birth

National Insurance Number

Address

Postcode

Home phone number

Mobile phone number

Email address

(Please only provide if you give your permission for us to contact you by email)

Do you have a disability

YES/NO?

Are you or have you been a vulnerable adult

YES/NO?

Residential Status – Homeowner/Tenant/With parents/Lodger/Other

If tenant of Council or HA property please give name of Landlord

Employer Name

Work place location

Postcode

How did you hear about the credit union?

I hereby apply for membership of and agree to abide by the rules of Lincolnshire Credit Union Ltd. I declare that information given by me on this form is true and correct to the best of my knowledge and belief. I understand a non-refundable membership fee of £2.00 will be deducted from the first payment into the account to cover administration costs. I understand that I must keep a minimum of £1 in my share account in order to remain a member.

Signature

Date

## Beneficiary

As a prospective member of Lincolnshire Credit Union Ltd I hereby nominate the following person or organisation as the person to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise, should my application for membership be successful.

Surname or organisation

First names

Address

Postcode

Home phone number

Mobile phone number

Email address (optional) \*

Signature

Date

Signature of witness

(Must be an adult who is not the beneficiary)

Date

## Agreement to Save

Upon my membership being accepted I agree to save with the credit union. I wish to save

£  per week/fortnight/month

using the following method:

### Payment Options

Tick

Cash at a collection point

(please ask for details)

Cash at a Post Office

(please give location of Post Office)

Bill Payment from my Bank or Building Society

(quote bank details below together with membership number)

Direct Payment of Benefit into account (ask for details of how to do this)

By Payroll Deduction

(participating employers only)

Standing Order

(Please use form below)

**LINCUP**  
**(The Lincolnshire Credit Union Ltd)**  
**01522 528886 or 01522 845100**  
**Registered Office 18 High Street, Lincoln, LN5 8BE**

**STANDING ORDER AUTHORITY**

**Your Bank Details**

Enter the name, address and postal code of your Bank or Building Society	Enter Details of the account to be debited	
	Account name	
	Account Number	
	Sorting Code	
	Building Society Reference if any	

**Credit Union Bank Details**

The Co-operative Bank plc 16 Saltergate Lincoln LN2 1DG	Details of the account to be credited	
	Account name	Lincolnshire Credit Union Ltd
	Account Number	67004382
	Sorting Code	08 – 90 – 32

**Please establish a Standing Order to be paid to the account of the Lincolnshire Credit Union Ltd at the above bank in accordance with the following instructions: -**

<b>How much do you wish to pay?</b>	£  (Enter the amount you wish to pay in words and figures)
<b>How often is the payment to be made?</b>	Weekly / Fortnightly / Four weekly / Monthly  (Delete as appropriate)
<b>When is the first payment to be made?</b>	(Insert date)
<b>When is the last payment to be made?</b>	(Enter the date you wish the last payment to be made or write 'Until Further Notice')
<b>Reference to appear on bank statement</b>  N.B. A correct reference is essential to ensure accurate processing	_____ (Membership Number)
<b>Please delete one of the statements opposite and then sign and date.</b>	<b>This Standing Order is in addition to my existing Standing Order</b> <b>Or</b> <b>This Standing Order replaces my existing Standing Order</b> _____