

RMT CREDIT UNION LTD. Send by post to P.O. Box 252, Wisbech, PE14 4FX

MEMBERSHIP NUMBER

or email: <u>c.union@rmtcreditunion.co.uk</u> **RMT CREDIT UNION APPLICATION FORM** – please complete your application along with the attached Direct Debit.

1	PERSONAL DETAILS.	Please use BLOCK Capital	; dhu black ink.	
	Surname		Address	
	Forename(s)			
	Home phone			
	Mobile phone		Postcode	
	Email address			
	Date of Birth		National Insurance Number	
2	Marital Status married	partner single divorced	Drivers Licence No.	
2 3		/our Employment.		
3	Employer		RMT Branch	
	Job Description			
	· · · ·			
4 5	Mr Mrs Ms Miss Membership Status RMT TU Member RMT RMT TU Member RMT			
6	How much do you wish to save £			
7	-	(please of	ircle)	
-	Next of KinAddress		We are checking new member identification electronically. To do this, we now carry out searches with credit reference agencies who supply us with relevant detail including information from the Electoral Register. The searches will not be used by other lenders to assess your ability to obtain credit.	
~			I agree to my identity being checked electronically	
8	I undertake to abide by the rules now in force or those that are adopted. If we cannot verify your identity and address by this method, we will ask you to provide pa documentation instead. Full details of these can be supplied to you by calling:			
	Your signature		Telephone: 0203 535 5820	
	Date		Authorised and Regulated by FCA & PRA, FRN No.228612 Company Registration No.705C	
Instruction to your Bank or Building Society to pay by Direct Debit Please fill in the whole form including official use box using a ball point pen and Send to: RMT Credit Union Ltd., P.O. Box 252, Wisbech, PE14 4FX Originator's Identification Number Name and full postal address of your Bank or Building Society 9 7 4 2 8 1 Reference Number				
To:	To: The Manager Bank/Building Society Bank/Building Society			
Ad	Address			
	Pos	stcode	FOR RMT CREDIT UNION LTD OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society.	
Name	e(s) of Account Holder(s)			
Bank/Building Society account number Plea assu			ns to your Bank or Building Society. y RMT Credit Union Ltd Direct Debits for the account detailed in this instruction subject to the safeguards y the Direct Debit Guarantee. I understand that this instruction may remain with RMT Credit Union Ltd, if is will be passed electronically to my Bank/Building Society.	
Branch Sort Code Si			ture(s)	
		Date		
	Banks and Building Socie	eties may not accept Direct Debit Instructions from some types of	account	
This guarantee should be detached and retained by the Payer.				
	The Direct Debit Guarantee This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.			
			v you seven working days in advance of your account being debited or as otherwise agreed. to you at the time of the request.	

If an error is made in the payment of your Direct Debit, by RMT Credit Union Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 – If you receive a refund, you are not entitled to, you must pay it back when RMT Credit Union Ltd asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.