

JUNIOR DEPOSIT ACCOUNT

P.O. Box 252, Wisbech, PE14 4FX c.union@rmtcreditunion.co.uk, Tel: 0203 535 5820

MEMBERSHIP NUI	VIBER

Please use BLOCK CAPITALS and black ink

Please read and fill the Application Form carefully. Remember to include the Junior Depositor's original birth certificate. Please return the completed form to RMT Credit union, P.O. Box 252, Wisbech, PE14 4FX. Tel: 0203 535 5820

1	JUNIOR DEPOS	SITC	R D	ETA	NILS.																														
	Surname				Π	Π									Π		Τ	1																	
	First name																																		
	Middle name																																		
	Date of Birth																																		
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	First name																	1																	
	Surname																			\vdash															
	Home telephone																	ŀ	Postcode																
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	RMT Credit union	Credit union Trade union																																	
	Relationship to Junior Depositor																																		
3	3 PAYMENT DETAILS (by proposing member) I wish to save (minimum £5.00) £															ate :	you next get paid																		
		the DMT Coadit writer office attached Monthly 28th Weekly 4 weekly (Fri)															95.	Pone																	
to the RMT Credit union office attached. On behalf of the "Junior Depositor" named												ad a	hovi	ρ																					
4 TO HELP US FULFIL OUR LEGAL OBLIGATIONS, PLEASE ENCLOSE THE																																			
					BIRTH CERTIFICATE WITH THIS APPLICATION													0	14	Propos	sing	Mem	ber	s sig	ınatı	ıre									
I confirm that the Junior Depositor named above resides at my address. I wish to apply for Junior Depositors account on behalf of the above named person. I agree to abide by the rules of the RMT Credit Union Ltd and Date																				\dashv															
declare that the information given by me on this form is true an correct to the best of my knowledge. Authorised and Regulated by FCA & PRA, FRN No.228612 Company Registration No.705C																																			
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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 9 7 4 2 8 1																																			
Nan	ne and full post	tal a	addr	ress	of y	you	r Ba	nk o	r B	uild	ing	Soc	iety	,			_	_		1															
To: The Manager Bank/Building Society															Т	Т			Π	Τ	Т	Т				Т	T								
Add	ress																		FOR DNA	T CDE	DIT		O N					LICE	ON					_	
Postcode												FOR RMT CREDIT UNION LTD OFFICIAL USE ONLY This is not part of the the instruction to your Bank or Building Society.																							
Nam	e(s) of Account Holo	der(s	5)											_																					
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Bank/Building Society account number														Please pay RMT Credit Union Ltd Direct Debits for the account detailed in this instruction subject to assured by the Direct Debit Guarantee. I understand that this instruction may remain with RMT Cred so, details will be passed electronically to my Bank/Building Society.											Credi	t Unio	n Ltd	if							
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This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit RMT Credit Union Ltd will notify you seven working days in advance of your account being debited or as otherwise agreed. If you request RMT Credit Union Ltd to to collect a payment, confirmation of the amount and date will be given 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.