

NORTH TYNESIDE EMPLOYEE CREDIT UNION

MEMBERSHIP FORM

North Tyneside Council, Quadrant West, Silverlink North
Cobalt Business Park, North Tyneside, NE27 0BY

Tel: (0191) 643 5881/2/3

Email: credit.union@northtyneside.gov.uk

www.northtynesidecu.co.uk

North Tyneside



Authorised by the Prudential Regulation Authority
and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority

ITS YOUR CREDIT UNION SO JOIN NOW

TO SAVE AS YOU BORROW HELPS YOU PLAN FOR TOMORROW!

IMPORTANT INFORMATION

It is now law that you must provide two proofs of your home address eg. utility bill (gas, electric or phone bill). This must be the original and not a photocopy OR a photocopy of your passport or driving license.

Please complete in full all three sections within this membership form and return to North Tyneside Employee Credit Union (details shown above).

This form will be copied by the Credit Union office and posted to payroll after processing. Please allow two weeks.

When first deduction shows on your payslip, a new members pack will be sent to you.

APPLICATION FOR MEMBERSHIP

Please complete in full and in black ink

Your surname (title)

All forenames

Home address

Postcode

Tel No

Home email address

National Insurance number

Date of birth

Employer

Payroll number

Occupation

Service area

Work address

Postcode

Courier code

Work telephone number

Work email address

I wish to save £ per month from my pay. I am employed in a permanent capacity by and I hereby apply for membership and agree to abide by the rules of North Tyneside Employees Credit Union Ltd., and declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable membership fee of £5 will be deducted from my first payment into the Credit Union.

Signed

Date

BENEFICIARY DETAILS

Please complete in full and in black ink

Your name

Address

Postcode

As a prospective member of the Credit Union, I hereby nominate ...

Surname (beneficiary)

All forenames

Address

Postcode

Home telephone number

... as the person to whom there shall be transferred, at my death, such property in the Credit Union as may be at that time, whether in share or otherwise.

Signed

Date

Witnessed

Date

FOR USE BY CREDIT UNION OFFICE

Date received

Membership Number

**NORTH TYNESIDE
EMPLOYEE CREDIT UNION**

**PLEASE FILL IN THE
PAYROLL DEDUCTION
ORDER AS THIS IS A
VITAL PART OF YOUR
APPLICATION**



PAYROLL DEDUCTION ORDER

Please complete in full and in black ink

Please commence deductions of £ per month from my wage/salary in favour of North Tyneside Employees Credit Union Ltd. Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice, in writing, of any change.

Surname (Mr/Mrs/Miss/Ms)

All forenames

Payroll number

Work address

Postcode

Signed

Date

FOR USE BY CREDIT UNION OFFICE

Deduction code

Deduction ref

Actioned week/month

Signed

**NORTH TYNESIDE
EMPLOYEE CREDIT UNION**