

SCUBALITE APPLICATION FORM

Name: Member No.:

Address:

Post Code: NI Number:

Date of Birth: HB Claim Ref:

I instruct Sheffield Credit Union to apply the income detailed in the table below to make payments to my named creditor at the level stated on page 2 or on my housing provider's payment instruction, with payment to be made by BACS direct to the creditor from my credit union account. I confirm that I will instruct the Benefits Office to pay this benefit into Sheffield Credit Union (account details below) as from the next possible date by bank transfer, or will request my wages or a standing order from my bank to be paid to the account details below:

Sort code: 08-92-50 Account No: 67006568 Reference: (Surname & member no)

When providing a reference for your payment, please use the reference that the organisation making the payment will use when paying into your account, e.g. name, member number (roll number), National Insurance Number etc.

Payment Reference Number	Date of expected payment	Amount of expected payment	Frequency of expected payment

I agree to a 30 day notice period in the event of cancellation of this arrangement with Sheffield Credit Union.

Any amount over the payment due will be held in my share account until I withdraw it, and this amount will be available to me upon request and is payable by the usual methods of withdrawal. I promise to inform Sheffield Credit Union of any change to, cancellation of, or suspension of my claim as soon as possible by telephone (0114 2760787) or by email (admin@sheffieldcreditunion.com).

I agree that information can be shared between: Sheffield City Council/DWP, Sheffield Credit Union, My Landlord/ Agent for the purposes of running this SCUBAlite account.

Sheffield Credit Union is not responsible for arrears incurred by the tenant.

Payee Details

Name of bill payee:

Type of bill:

Complete the section below unless your housing provider is paying for your SCUBA/ite account, in which case they will provide a separate instruction form.

Frequency of payment: Four weekly/Monthly (please circle)

Amount:

First Payment Date:

Sort Code:

Account Number:

Reference:

I understand that this account will cost £5 per month unless my housing provider is paying for the service and that this will be charged directly to my account. I understand that any surplus income will be transferred into my share account and will be withdrawn by me, as required, by the usual Credit Union methods.

I confirm the details on this form are accurate and understand that Sheffield Credit Union will not be able to accept responsibility for payment to incorrect bank details given on this form.

Signed:

Date:

Print Name: