



Friendly and Affordable Financial Services

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Sheffield Credit Union Limited
 16 Commercial Street, Sheffield S1 2AT
 Registered in England and Wales
 Registered number: 637C

SCUBALITE – BILL CHANGE REQUEST FORM

Name: _____ Member Number: _____
 National Insurance Number: _____ DOB: _____

Payee	Bank Sort Code	Bank A/C No.	Reference	Amount	Date of payment & frequency

All bills will be set to the **same** monthly/four-weekly date to enable clear account management.

Please note that Sheffield Credit Union requires all changes to be notified on a Bill Change request form and cannot accept responsibility for paying an incorrect amount or failing to pay an amount, where this form has not been received from the member. Please return Completed forms to Sheffield Credit Union (admin@sheffieldcreditunion.com)

SIGNATURE: _____ **DATE:** _____

For Office Use Only:

Task:	Completed by:	Date:
Update managed credits		
Update MDCM		
Apply charge (if applicable)		

Change Number: _____ Chargeable/Not Chargeable (please circle)