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

Friendly and Affordable Financial Services

SCUBALITE – BILL CHANGE REQUEST FORM

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

Bill changes					
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.

Income changes (if different income to be used to make bill payments)

Type of income/ref	Date expected	Amount expected	Frequency

*ref must be different for each income type e.g. member no + income type e.g. 12345 WTC or 12345 CTC or 12345 wages

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. Rent increases may be submitted by the housing provider. If this is the case, any increase in rent payable will be confirmed with the member before actioning. Please return forms to Sheffield Credit Union (admin@sheffieldcreditunion.com). Please allow 10 days for any changes to take effect.

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)

September 2017