



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

SCUBA – BILL CHANGE REQUEST FORM

Name: _____ Member 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 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). Please allow 10 days for the change to taken place.

Please Note: We recommend that all forms are submitted either in person at one of our offices or by post.

Please be aware that should you choose to send any personal or sensitive information to us by email this will be at your own risk and we cannot accept any responsibility for a third party acquiring this via unlawful actions outside of the organisations control.

You can subscribe or unsubscribe from receiving marketing information and change your marketing preferences at any time. We will only send information on our products and services and your details will not be passed to third parties. Please use the details in the header to contact us about your marketing preferences.

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)