



Darlington Credit Union

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Junior Membership Application Form

Section A: Applicant information			
Title		Full Name	
Address			
Postcode		Date of Birth	
Telephone No		Mobile No	
E-mail address			
School			

Section B: Trustee details			
Title		Full Name	
Address (If different from above)			
Postcode		Date of Birth	
Telephone No		Mobile No	
E-mail address			
Relationship to junior			

Section C: Keep in touch with us

We like to inform our members of any DCU news and updates, offers, rewards, and information about new products that may be of interest to the member. Please tell us if, and how you would like us to keep in touch with you. You can choose more than one.

You can change your mind, update your preferences or opt out of marketing communications at any time simply by contacting us.

Please note that there are certain things that we must send you, including an invite to our Annual General Meetings, changes to your account, any legal information etc.

Your data is safe in our hands and we will never sell your data.

- ☐ Keep in touch via e-mail
- ☐ Keep in touch via SMS
- ☐ Keep in touch via post – please note that we are on a mission to reduce our environmental impact from paper and postage. Importantly, posting is a cost which we would prefer to use to invest in the services for our members. Please help us by selecting other methods if possible.
- ☐ No thanks - I wouldn't like to receive any information regarding DCU news, updates, offers, or rewards that may be of interest to me.

Declaration

- I declare that I am the parent, grandparent or legal guardian of the child named on this form
- I agree to act as trustee of this account until the junior saver reaches 16 years of age. You will be the only one allowed to sign for withdrawals unless stated below.
- Following the child's 16th birthday, the account will become an Adult Account. I understand at this age they will become responsible for their own account.

☐ If you would like to provide the junior access to the account before they reach 16 years of age, please tick the box and state what age they will become responsible for their account:

☐ 11 years old ☐ 12 years old ☐ 13 years old ☐ 14 years old ☐ 15 years old

Trustee's Signature: _____

Date: _____

OFFICE USE ONLY			
Membership No. Assigned		ID attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account opened by			