Darlington Credit Union
41 Tubwell Row, Darlington, DL1 1PD | 01325 529829
info@darlingtoncreditunion.co.uk | www.darlingtoncreditunion.co.uk

Junior Membership Application Form

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

Section B: Trustee details				
Title		Full Name		
Address (If different from above)				
Postcode			Date of Birth	
Telephone №			Mobile №	
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?	☐ Yes ☐ No
Account opened by			