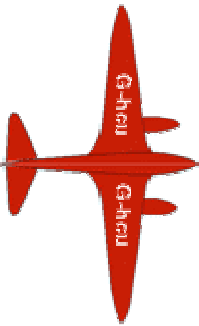


**Welwyn
Hatfield
Borough
Council**

hatfield credit union ltd.



APPLICATION FOR PAYROLL DEDUCTION
(To be completed in BLOCK CAPITALS)

Membership Number

Payroll Number

Date of birth ____ / ____ / ____

Employee's Surname _____

Forename(s) _____

Address _____

Postcode _____

Telephone _____ Mobile _____

Other current or previous Credit Union memberships _____

To: The Payroll Department

I wish to apply for membership of the Hatfield Credit Union Limited and agree to abide by its rules.
I declare that the information given by me is correct to the best of my knowledge.
I authorise you to deduct £ _____ each payroll period from my weekly/monthly pay until further notice from me and to transmit this sum to the above Credit Union.
I give my consent for the recording of personal information to Hatfield Credit Union Limited.

Signed: _____ Date ____ / ____ / ____

Please forward this form to: The Treasurer
 Hatfield Credit Union Ltd
 88 Town Centre, Hatfield, AL10 0JW
 01707 269239

Entrance fee £ 2-00

P.T.O.

hatfield credit union ltd.

FORM OF NOMINATION

(In case of death)

Membership Number

I, _____, of (*address*) _____,
_____ ,

a member of Hatfield Credit Union,

hereby nominate _____ ,

of (*address*) _____

as the person to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise.

(*Any special instructions*) _____

Signature _____ Date _____

Witness (*who shall not be the person nominated*) _____

of (*address*) _____
