

Dear New Member,

Thank you for your interest in Dubco Credit Union. Enclosed please find the following documents:

- **Membership application form**
- **Authority and Indemnity for Telephone, Facsimile or Electronic Instructions:** this form will allow Dubco to act on your instructions without having to call into the office. In addition, if you complete item 6 contained therein you will enable the Credit Union to transfer money from your Dubco account to your nominated bank account by electronic funds transfer, upon receipt of instruction via phone, fax or email.
- **Variable Payroll / Pension Deduction Mandate OR Direct Debit form:** Completing either the variable payroll mandate or a direct debit form will facilitate the deduction of agreed sums from either your payroll / pension / nominated bank account to be credited to your credit union account(s) in accordance with your instructions.
- **Nomination form:** a nomination is an instruction, by a Credit Union member, that sets out who they wish to nominate to receive the proceeds of their Credit Union account in the event of their death. Your nomination will become valid on approval of membership application.

Please complete the enclosed forms, signed and witnessed as required, and return together with required identification. The following original documentation is required for all new accounts:

- Most recent salary payslip (if working within the common bond i.e. for all non family accounts) to confirm eligibility under common bond
- Revenue or Government correspondence verifying PPS number (if not noted on payslip or not submitting payslip i.e. family member)
- Proof of identity / photo identification (passport; driving licence; or ML10 form available from Garda station)
- Proof of address (household bill or bank statement no older than 3 months)

If you have any queries in relation to any of the enclosed please don't hesitate to contact the office.

Email: info@dubco.ie
Web: www.dubco.ie



Little Green Street
Dublin 7
Tel: 01 887 0400
Fax: 01 887 0499

DUBCO CREDIT UNION LIMITED ADULT MEMBERSHIP APPLICATION

Surname	PPS Number
First Name	Date of Birth

Current Permanent Address

Contact Information

Home Tel	Work Tel	Mobile Tel
Email address	@	

Employer Information

Employer	
Department	
Occupation	
Pay Number	Permanent / Temporary

Other Information (delete whichever does not apply)

Were you a member of Dubco previously?	Yes / No
Participate in the Car Draw?	Yes / No
Participate in Death Benefit Insurance?	Yes / No
Statements to be posted to ...	Home

For the avoidance of doubt, this is not an application for credit as defined by the Consumer Credit Act, 1995. However, the information contained in this application together with the DUBCO Consents to use and disclosure for the purposes of (i) the Data Protection Acts, 1988 and 2003 and s.71, Credit Union Act, 1997, and (ii) the Irish Credit Bureau and any other Credit Institution, may be used in conjunction with any and all future application for Credit Facilities from Dubco Credit Union Limited the Member may submit.

I hereby undertake to complete, where appropriate, the DUBCO Consents to use and disclosure for the purposes of (i) the Data Protection Acts, 1988 and 2003 and s.71, Credit Union Act, 1997, and (ii) the Irish Credit Bureau and any other Credit Institution

I hereby apply for membership of Dubco Credit Union Limited and agree to abide by its rules and declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Member Signature	
Witness Signature	
Witness (Print Name)	
Address of Witness	
Date	

Type of Account

Regular Share	Yes / No	Account Number
Special Share	Yes / No	

Office Use

Type of Identification submitted	
PPS Verification	
Transfer account from	

If Family Account Membership

Qualifying Account Number	
Qualifying Account Name	
Relationship to Qualifying Member	

Consent to use and disclosure in relation to Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

I/We understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my/our consent may be required for the Credit Union to process personal data that it may have in its possession concerning me/us (including disclosure to third parties). I/We note that this personal data may include sensitive personal data, such as data about my/our health, within the meaning of the DPA, the processing of which requires my/our explicit consent.

I/We also understand that under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my/our consent, any information that concerns an account or transaction of mine/ours with the Credit Union.

For the purpose of assessing my/our application for membership, assessing any loan applications which I/we may make to you and generally for administering and monitoring any accounts I/we have with the Credit Union, including any loan accounts I/we have from time to time with you:

1. I/We consent:
 - (i) to you seeking information concerning applications for any and all loans and my/our credit history from the date of my/our original consent from any credit union that I/we have been a member of and for that purpose you may disclose any relevant information in any and all loan applications which I/we may make to you or which you may have concerning me/us to any such credit union;
 - (ii) to any credit union that I/we have been a member of disclosing information to you concerning any and all applications for loans and my/our credit history from the date of my/our original consent with any such credit union;
 - (iii) to you disclosing any information in any application (including any and all loan applications) or in respect of any account or transaction of mine/ours with the Credit Union from the date of my/our original consent to officers or employees of the relevant regulatory authorities for the purpose of fulfilling my/our requirements and under Deposit Guarantee and/or Savings Protection Scheme if such a scheme is operated on behalf of the Credit Union by such relevant regulatory authority; and
 - (iv) to the processing of any information relating to me/us, either contained in this form or any and all other forms or applications, for the purpose of assessing any and all applications and administering any accounts I/we maintain with the Credit Union.
2. From time to time, the Credit Union, or third parties selected by the Credit Union, may use your details to inform you of goods and/or services which may be of interest to you.

The use of your details for marketing purposes will depend on the preferences that you express below:

Opt-In (Marketing by email, text message and fax)

I/We consent to the Credit Union, or third parties selected by the Credit Union, informing me/us of goods or services that may be of interest to me/us by email, text message or fax.

Opt-Out (other forms of marketing)

Please tick the box opposite if you do **not** want the Credit Union, or third parties selected by the Credit Union, to inform you by phone or letter of goods or services that may be of interest to you.

Please note that you have the right to access personal data held about you by the Credit Union and to correct any inaccuracies in such data.

Signature: _____ **Signature:** _____

Print name: _____ **Print name:** _____

Witnessed by: _____ **Print name:** _____

Date: _____


DUBCO CREDIT UNION LIMITED
Form of Nomination

Membership Number:.....

I,.....
Of
[Address].....

.....
a member of Dubco Credit Union Limited hereby revoke all previous
nominations and nominate
[Name(s)].....

of [Address].....

.....Relationship:.....
as the person(s) to whom there should be transferred on my death such
property in Dubco Credit Union Limited as may be mine at the time of my
death, whether in savings or otherwise (to include the value of any Death
Benefit Insurance policy), not exceeding the limit of the amount for the time
being authorised by law.

Dated this theday of.....20.

Signed [Member].....

Signed [Witness].....

Print Name [Witness].....
(The witness shall not be the nominee)

Address [Witness].....

Occupation [Witness].....

AUTHORITY AND INDEMNITY FOR TELEPHONE, FACSIMILE OR ELECTRONIC INSTRUCTIONS

TO: DUBCO CREDIT UNION LIMITED (the "Credit Union")

1. I refer to my Dubco account (s) and mandate (hereinafter referred to as "the Mandate") between the Credit Union and myself governing the operation of my account(s) with the Credit Union.
2. Notwithstanding the terms of the Mandate or of any future mandate or other agreement or course of dealing between the Credit Union and myself I hereby request and authorise the Credit Union (but do not oblige the Credit Union) to rely upon and act in accordance with any instruction or communication which may from time to time be or purport to be given by telephone, facsimile or electronic transmission by myself.
3. The Credit Union shall be absolved of any and all responsibility for any loss or liability of any nature (direct or indirect) suffered by me as a result of any error in transmission of any telephone, facsimile or electronic instruction or communication or as a result of the Credit Union acting on any telephone, facsimile or electronic instruction or communication the Credit Union believes in good faith to have been made by me and the Credit Union is authorised to act without further enquiry upon any telephone, facsimile or electronic instruction or communication believed in good faith by the Credit Union to be an instruction or communication so given or made.
4. The terms of this Authority and Indemnity shall remain in full force and effect unless and until the Credit Union receives (and has reasonable time to act upon) a note of termination from me in writing save that such termination will not release me from my liability under this Authority and Indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authority and Indemnity prior to the expiry of such time.
5. Should I require the Credit Union to transfer money from my Account to my Bank Account by Electronic Funds Transfer, the following details are those I shall confirm when I instruct the Credit Union to do the transfer:

Bank: _____ Address: _____
Sort Code: _____ Account No: _____
Account Name: _____

Should my bank details change I will request a new Authority and Indemnity for Telephone, Facsimile or Electronic Instructions Form. I acknowledge that Dubco Credit Union Limited will do the electronic funds transfer to my own bank account and not that of a third party.

Signed: _____

6. Any electronic transmissions will be sent from the following email address(es):

_____ @ _____ Dated: _____

Signed By: _____ Print Name: _____

Credit Union Account Number(s): _____ and such other accounts as may be opened by the above named Member.

Witnessed By: _____

Address of Witness _____

INSTRUCTION TO YOUR EMPLOYER

Payroll/Pension Deduction Mandate

Name _____

Pay Number	Account No.	Pay Cycle (W/F/M)	Pay Location

Account to be amended	From	To	Amount to be amended by	Indicate if amendment is a plus or minus (+ or -)
Regular Share	€	€	€	+ / -
Special Share	€	€	€	+ / -
Car Draw	€	€	€	+ / -
1st Loan	€	€	€	+ / -
2nd Loan	€	€	€	+ / -
Budget Account	€	€	€	+ / -
Demand Deposit	€	€	€	+ / -
Family Account	€	€	€	+ / -
	€	€	€	+ / -
Total Alteration amount	€	€	€	+ / -

I hereby authorise you to deduct the sums detailed above from my pay/pension (delete as appropriate) cheque each payday until further notice. The money so deducted is to be credited to my account(s) with Dubco Credit Union Limited. This mandate replaces any existing payroll authorisation to transfer funds to Dubco Credit Union Limited.

I confirm that the amount to be deducted from my pay/pension (delete as appropriate) shall be a variable amount¹.

With respect to the Budget Account, I understand that this agreement and my acceptance of the Rules of Dubco Budget Scheme extend beyond my initial Budget year to include each and every subsequent annual renewal of my Budget Scheme Account.

I shall duly notify you in writing if I wish to cancel this instruction and I shall also so notify **Dubco Credit Union Limited** of such cancellation.

Signed _____

Staff Initials _____

Date _____

¹ in order to allow for any deficit that may exist, and in the case of the Budget Account any general increase in Utility Bills, and I understand that any such increase will be processed at the first opportunity by Dubco Credit Union

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

Dubco Credit Union Limited Originators Identification No. (OIN)	3	0	3	8	1	8
--	----------	----------	----------	----------	----------	----------

<p style="text-align: center;">Originators Reference (Max 18 Chars) <i>First 6 (minimum) must be static</i> This must be included in your first presentation</p>	
--	--

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account. Then return the form to:

Dubco Credit Union Limited
Little Green Street
Dublin 7

1. Please write the name and full address of your Bank & Branch:

Bank:
Branch:

2. Name of Account Holder:

--

3. Sort Code & Account Number:

Sort Code			-			-		
Account Number								

4. Your Instruction to your Bank, and your Signature:

- I/We instruct you to pay Direct Debits from my account at the request of **Dubco Credit Union Limited**.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify **Dubco Credit Union Limited** of such cancellation.

The Direct Debit Guarantee:

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which all Banks and Originators of Direct Debits participate
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged
- You can cancel the Direct Debit in good time by writing to your Bank

Signature(s):

Print Name(s):

Date: / /