Young Savers Account Application

For Credit Union office use only

Saver's Number

Trustee's Name
(and CU number if appropriate)

Saver's Date of Birth

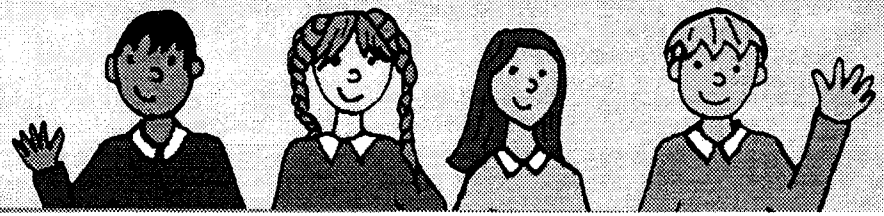
Age saver has control

Date Processed

Standing Order Yes / No

ST ALBANS DISTRICT CREDIT UNION
Open 10am - 1pm each day
(except Wednesday and Sunday)
Also Friday 3pm-6pm

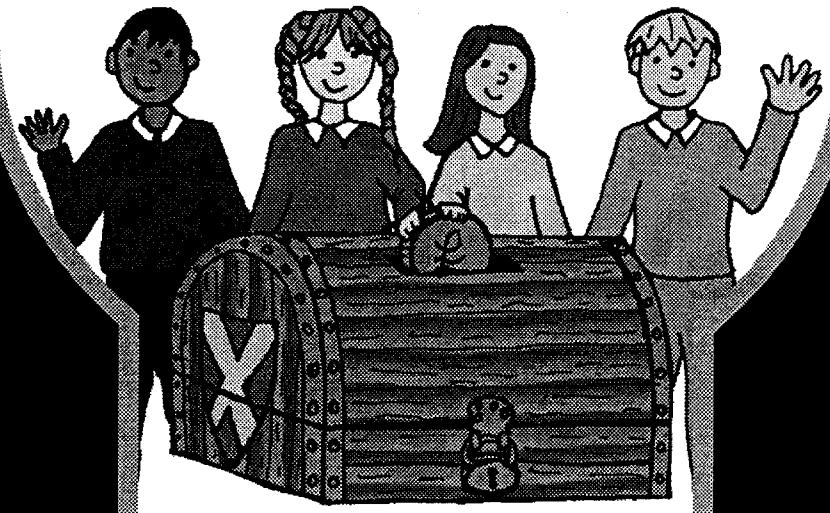
ST ALBANS DISTRICT CREDIT UNION
135 Hatfield Road, St Albans AL1 4JX
Tel/Fax: 01727 859135
Email: office@stadcu.fsnet.co.uk
Website: www.stadcu.org



Artwork and Printing by Kevin Hull Print Services, 30 Ripon Way, Jersey Farm, St. Albans, Herts. AL4 9AJ Tel: 01727 831214 Fax: 01727 753639

Join the

TREASURE CHEST



Young Savers Club

ST ALBANS DISTRICT CREDIT UNION

Parents and Guardians. Please encourage your child to join the TREASURE CHEST and become a Young Saver with St Albans District Credit Union.

Encourage Young Savers to save.....

Save on their behalf .....**OR DO BOTH!**

Information for Trustees

An adult must support a Young Saver's membership. They are called the Trustee of the account. This is until the Young Saver reaches the age of sixteen or an age under 16 as specified by the Trustee.

On reaching their 16th birthday all Young Savers become FULL MEMBERS of St Albans District Credit Union, however loans are not permitted until the member is 18 years old.

Ways to Save

- At your school collection point
- Over the counter at the Office (135 Hatfield Road) with cash or cheque
- Through your bank/building society (please complete additional form)
- By post: cheques, postal orders (payable to St Albans District Credit Union)

Young Savers Account Application

To be completed by Young Saver

Saver's First Name .....

Saver's Family Name .....

Address .....

.....Post Code .....

Date of Birth..... Male / Female

To be completed by Trustee

The **Trustee** of the account has oversight until the **Young Saver** reaches the age of ..... (maximum 16 years). The **Trustee** must sign when a withdrawal is planned.

Name .....clearly written

Address .....

.....Post Code .....

Relationship to Saver .....Signature .....

For School Office use only *School Stamp or details*

School Name Ss Alban & Stephen Infants & Nursery School .....

School Address .....St. Albans .....

Herts AL1 5EX

.....Post Code .....

School Telephone number 01727 854643

School representative's signature

.....Date .....