

# 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

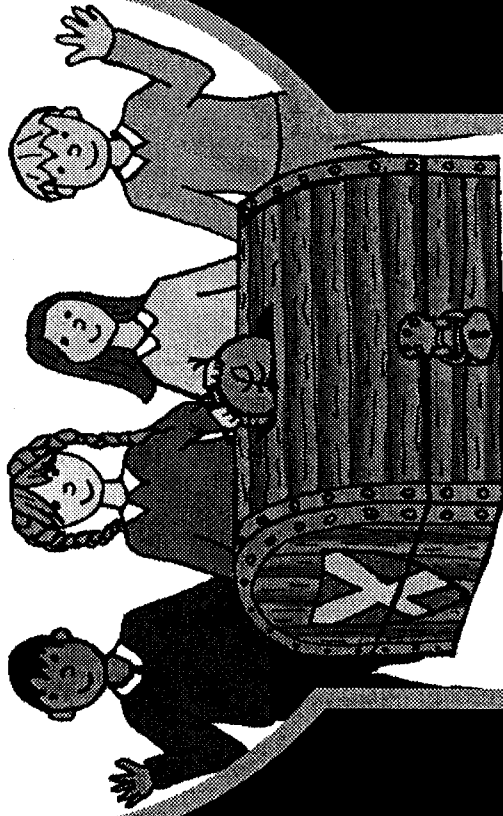
Email: [office@stadcu.fsnet.co.uk](mailto:office@stadcu.fsnet.co.uk)

Website: [www.stadcu.org](http://www.stadcu.org)



Join the

# TREASURY 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 .....  
 Relationship to Saver ..... Signature .....  
 Post Code .....

**For School Office use only** School Stamp or details

School Name **Ss Alban & Stephen** .....  
 School Address **Infants & Nursery School** .....  
**St. Albans** .....  
**Herts AL1 5EX** Post Code .....  
 School Telephone number **01727 854643** .....

School representative's signature

Date .....