

Young Saver Withdrawal

Gateway Credit Union Ltd. • 21 Commercial Street, Pontypool, Torfaen, NP4 6JQ
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Young Savers Details

Title:

Surname:

Forename(s):

Address:

Postcode:

Email:

School:

Tel:

Mobile:

Date of Birth:

Authorised adult details

Title:

Surname:

Forename(s):

Address:

Postcode:

Tel:

Mobile:

Date of Birth:

Email:

Statement preference

Young saver by post

Adult's address by post

Young saver by email

Adult by email

I hereby apply for membership of and agree to abide by the rules of Gateway Credit Union Ltd. I declare that the information given by me on this form is true & correct to the best of my knowledge and belief.

Young saver signature:

Date:

Authorised adult signature:

Date:

Signature of CU rep:

Date:

Please Turn Over

We keep your information safe and handle it in accordance with our Privacy Policy, a copy of which is on our website www.gatewaycu.co.uk. We send out an annual statement of your account.

School ID verification: We can accept ID verification from schools without the need for the usual paper proofs. However, the school must confirm the identity of the child named by signing below.

School's authorised signature:

Date:

Name of signatory:

Signing on behalf of

Name of school: