



Account Number:

Member Name:

ONLINE BUDGET ACCOUNT FACILITY

I wish to have access to the Health Services Staffs Credit Union Limited online budget account facility.

I understand that funds can only be transferred in the following circumstances:

- **To pre – agreed payees only.**
- **Where funds are available, i.e. overdraft facilities are not available on budget accounts.**
- **Members can make payments from budget account funds once account is in credit. There will be no warning if such funds are required to cover “fixed” payments on budget accounts, i.e. normal monthly payments.**

I wish to have the online budget facility available to me to cover the following companies / payees:

Company Name and Address		Bank Name and Address	
Sort Code	Account Number	Reference/A/c Details (Max 18 digits)	
□ □ - □ □ - □ □	□ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Company Name and Address		Bank Name and Address	
Sort Code	Account Number	Reference/A/c Details (Max 18 digits)	
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Company Name and Address		Bank Name and Address	
Sort Code	Account Number	Reference/A/c Details (Max 18 digits)	
□ □ - □ □ - □ □	□ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

(If you have additional companies/payees please photocopy form)

Signed: _____ Date: _____ Day time Ph. No. _____

Please note if you wish to add or delete payees please instruct the office in writing, on receipt of your instruction written confirmation will be sent to you by return.

Internal Use Only: Inputted By _____ Date _____