

CHRISTMAS SAVINGS ACCOUNT APPLICATION (DEPOSIT A/C)

(Please complete all sections in BLOCK CAPITALS)

Account Number:	Member Address:
Member Name:	
Date:	PPSN:
Collection of this number is for the purpose of complying v	with reporting obligations to the Revenue Commissioners.
I confirm that the payout of my funds are to be forwarded	to me by E.F.T
Please note if you change address or bank accounts you require your Christmas Savings Account to be updated.	ı must inform the credit union in writing specifying that you
Bank Details (for Christmas Savings Account only)	
Sort Code:	Account Number:
I have read and understand the rules and wish to open a d	eposit account.
Member Signature:	Date:
 Interest on a Deposit Account is variable. Interest is created to DIRT. The Gross Interest will be paid to members' deseparate transaction. Funds in this account can be withdrawn at any time, but we each year. On that date all funds held in this account will be 	eral Information edited on a monthly basis. Interest paid on deposit accounts is subject eposit account(s) and DIRT will be deducted on the same date as a ve encourage members not to do so until the "Payout date" in November per forwarded to the member by E.F.T powing the "Payout date" and you can continue to save for the
Office Use Only Application form signed Payment Method Deduction slip signed and new breakdown listed Direct Debit Mandate or DD change form and change in Child benefit form completed	n breakdown form
Checked and sent to inputting by:	Date:
Account Opened by:	Date:
[00]	



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Registered Office: 5 High Street, Christchurch, Dublin 8, D08 X7T1. tel: 01 6778648 lo call: 1890 677864 email: info@hsscu.ie Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland

