PUBLIC SERVICE CREDIT UNION LTD.
Working Together

UNDER 16's APPLICATION FOR MEMBERSHIP

Member Number:

PLEASE FILL IN BLOCK CAPITALS (over 16 years please complete individual membership form)

1. MINOR'S DETAILS

Name

Gender Male ☐ Female ☐

Surname

Current Address (include Eircode)

Date of Birth

X **PPS Number**

2. PSCU SPONSOR DETAILS (WHO IS OPENING THE ACCOUNT)

Member Number

Contact Number

Name

Contact Email

Surname

Current Address (include Eircode)

Relationship to minor

X **PSCU Sponsor Signature**

3. PARENT/GUARDIAN PERSONAL DETAILS (WHO WILL OPERATE THE ACCOUNT)

Name

Contact Number

Surname

Contact Email

X **Signature of Parent/Guardian**

Date

4. DATA PROTECTION AND PRIVACY STATEMENT

The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by Public Service Credit Union in accordance with the Privacy Statement which is included with this application form.

Please tick the box to confirm you have received the Privacy Statement ☐

X **Signature of Parent/Guardian**

Date

5. EUROPEAN COMMUNITIES (PAYMENT SERVICES) REGULATIONS 2018 (THE "REGULATIONS")

Framework Contract and associated information for the purposes of the Regulations. Available at www.pscu.ie/downloads

6. DEPOSITOR INFORMATION SHEET

The Depositor Information Sheet provides important information in relation the Deposit Guarantee Scheme and your related rights. The sheet is included with this application form.

Please tick the box to confirm you have received the Depositor Information Sheet ☐

X **Signature of Parent/Guardian**

Date

7. METHOD OF TRANSACTING

Payroll ☐ Pension ☐ Direct Debit ☐ EFT (Electronic Funds Transfer) ☐ Manual Payments ☐ Other (Specify)

If increasing deduction from wages or pension, please complete the relevant form.

PUBLIC SERVICE CREDIT UNION LTD.
Working Together

UNDER 16's APPLICATION FOR MEMBERSHIP

Member Number:

PLEASE FILL IN BLOCK CAPITALS (over 16 years please complete individual membership form)

8. WITHDRAWALS (SEE INFORMATION BELOW)

Applications for withdrawals of savings must be signed (please indicate):

Name

Surname

X **Signature of Parent/Guardian** **Date**

9. PLEASE ATTACH A COPY OF 1 ITEM FROM EACH BOX AS EVIDENCE OF IDENTIFICATION

Parent/Guardian and PSCU Member/Sponsor (if not already on file)		Minor
Evidence of Identity/Photo ID: (Copies mus be attached) (Please Tick)	**Evidence of Address:** (Copies must be attached) (Please Tick)	**Evidence of Identification and PPS No.**
Current Valid Passport ☐	Recent Household Bill (within 6 months) ☐	Copy of Birth Certificate ☐
Current Valid Drivers License ☐	Bank Statement (within 6 months) ☐	Copy of Social Protection Document ☐

RULES

Please read the following terms and conditions to assist you in completing the application.

Please also complete the deduction at source form.

For your own and your minor's protection we ask that you read the rules carefully and complete the application forms fully before returning them to us.

With regard to the Rules, the following may also be of assistance:

1. A minor is one who is under 16 years of age under the rules of the Credit Union.
2. The person contributing to the account by salary or pension deduction must be a member of the credit union.
3. A minor will not become a full member until the age of 16 therefore the entry fee will not be charged upon joining.
4. A minor has no voting rights.
5. An Under 16's Membership Application form must be completed by both the PSCU sponsor and the parent/guardian.
6. This account shall be operated as a savings account only - no loans will be granted to any person under the age of 16 years.
7. No other person shall have access to the savings held in the minor's account.
8. In relation to the withdrawal of savings from a minor's account:
   - While under 16 years of age, the minor may withdraw from the account only with the counter signature of the nominated parent/guardian.
   - Where the minor is over 7 years of age, withdrawals on the account require the signature of both the parent/guardian and the minor.
9. Savings held in a minor's account shall not serve to augment the shares of the parent/guardian or PSCU sponsor for the purposes of any loan application by the parent/guardian and PSCU sponsor.
10. Savings held in a minor's account shall not be held as security for a parent/guardian's or PSCU sponsor's loan.
11. The attached form applies only to the individual under 16 years of age. Older children are treated as family members and the individual Membership Application Form should be completed.

OFFICE USE ONLY

Application approved and details verified in accordance with Standard Rules by:

Signed **Date**

Print Name (Membership Committee)

PUBLIC SERVICE CREDIT UNION LTD.
Working Together

PAYROLL DEDUCTION AUTHORISATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

To: Accounting Officer

In accordance with membership of Public Service Credit Union Ltd., I hereby agree to have my contributions to Public Service Credit Union Ltd. deducted from my salary and that such contributions will be paid to Public Service Credit Union Ltd. on my behalf. I understand that it is my responsibility to ensure the correct deductions are made. *All communications relating to the Credit Union regarding direct deductions from salary must be forwarded to the Credit Union and* ***not the Salary Section.*** **I also agree that deductions shall continue to be made unless otherwise notified by the Credit Union. Please note that this can take two/three weeks to implement as payroll works in advance.**

1. DEDUCTION DETAILS

Name

Credit Union Member Number ☐☐☐☐☐☐

Driver/Personnel Number/Pension Number (as on pay slip) ☐☐☐☐☐☐☐☐ (Please include all letters and numbers)

Amount being deducted at present (per payday) €

New deduction (per payday) €

Amount in words

How often are you paid (tick one only) Weekly ☐ Fortnightly ☐ Monthly ☐

2. PERSONAL DETAILS

Employer **Occupation**

Telephone Number

Email

This instruction supersedes any previous correspondence

Signature Date

For Public Service Credit Union Limited

Approved by Date

4-5 Lincoln Place, Dublin 2, D02 XR68
Earl Place Office, Dublin 1, D01 P7K8
Tel: 01 6622 177 Fax: 01 6622 861
Email: info@pscu.ie Web: www.pscu.ie

DEDUCTION BREAKDOWN

Account Number	Amount
Shares	€
Loan 1	€
Loan 2	€
	€
*	€
*	€
Total Credit Union Deduction	

*Please insert name of account and amount if not listed above.