

## NAME AND ADDRESS OF MEMBER'S BANK

To: The Manager .....

Bank name .....

Address .....

Address .....

Town/City..... Post code.....

## MEMBER DETAILS

First name .....

Surname .....

Address .....

Address .....

Town/City..... Post code.....

Account name .....

Sort code ..... Account No. ....

## PAYMENT INSTRUCTIONS

Member reference no. .... (Please quote on all payments)

**Please cancel all previous instructions to: HertSavers Credit Union Ltd**

Please pay £ .....

**Weekly**  every .....

**or**

**Monthly**  on the ..... of each month

To start on .....

Pay into HertSavers Credit Union Ltd  
Co-operative Bank, Po Box 250, Delf House  
Skelmersdale, WN8 6WT  
**SORT CODE: 08-92-50**  
**ACCOUNT NUMBER: 65350326**

## SIGN HERE

Member's signature ..... Date .....

**HertSavers Credit Union Ltd** Bungalow, Pinkwell Lane, Hayes, Middlesex, UB3 1PE

**T:** 020 8756 3868 - **F:** 020 8573 7958

**E:** office@hertsavers.co.uk - **W:** www.hertsavers.co.uk