



Christmas Savings Agreement Form

MEMBERS DETAILS (All information required on this form must be completed in full)

Name: (in full) _____	Member n° _____
Address: _____	
Postcode _____	Tel: _____

How would you like to save?

- Cash.....
- Standing order.....
- Payroll deduction.....
- PayPoint Card.....
- Torfaen Council payment office....

Please ensure you read, understand and agree to the terms, as detailed below, before you sign the form:

TERMS

1. The Christmas Savers Account holder will endeavor to save a minimum amount as detailed above in preparation for Christmas 2010.
2. Withdrawals from this account can take place on or after 1st November 2010
3. Any savings withdrawals before 1st November 2010 will be subject to 60 days notice and will close the Christmas Savers Account for that year.
4. The saver acknowledges that the details given on this Christmas Savers Agreement Form are correct and will inform the Credit Union immediately of any change in their address or contact details.
5. The saver has a right to request a statement of their Christmas Savers Account at any time.

Member: _____ date ____ \ ____ \ ____

Witness: _____ date ____ \ ____ \ ____