

Benefit payment mandate

Freepost RSRT-HAXK-RUY

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Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:

Surname:

Forename(s):

Landline tel:

Mobile tel:

Date of birth: / /

NI Number:

Child Benefit Number:

I hereby authorise Gateway Credit Union to transfer the following benefit into my account:

Benefit Name

How Often

Day of the week

How much

£ :

1. Apply the following amounts to my Gateway Credit Union accounts:

Account Name (e.g. Christmas Saver) How Much

£ :

£ :

office use only

£ :

2. Apply the following amounts to additional Gateway accounts (partner, children etc):

Member number

Account Name

How Much

£ :

£ :

£ :

office use only

3. Then transfer the amount of

£ : to:

Pre paid debit card

registered bank account

Note: To confirm the set up of this process, please sign below.

Your signature

Date / /

DWP (Department of Works and Pensions) for

Carers Allowance 0845 6084321
Disability Living Allowance 0845 7123456
Pensions 0845 6060265
Pension Tax Credits 0845 6060265

Job Centre Plus for

Income Support - Job Seeker's Allowance - Incapacity Benefit - ESA
For all of the above telephone 0345 608 8545 and select the appropriate option.

Inland Revenue for

Child Benefit 0845 3021444
Tax Credits 0845 3003900

Benefits to be paid into the account below:

Account Name: Gateway Credit Union

Bank - The Cooperative Bank

Sort Code - 08-92-99

Account No. - 65371635

For Tax Credits only, please ensure that the members name is quoted as the bank reference.

Transferred by: _____ Date / /
Processed by: _____ Date / /
Remainder destination: _____