South Yorkshire Community Bank
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Sheffield S1 2EB

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admin@sycb.co.uk
sycb.co.uk

SCUBA APPLICATION FORM

Name: Member No.:

Phone no: Email:

This form authorises South Yorkshire Community Bank to open and manage a Scuba account on my behalf, using the income specified below to make payments to the creditors specified below.

Income

I agree to have the following income paid into my Scuba account:

Type of income	Reference / NI number	Amount	Frequency	First payment date
			W / F / 4 / M	
			W / F / 4 / M	

Bills

I instruct South Yorkshire Community Bank to make the following payments from my account:

Payee	Sort code	Account no.	Amount	Reference	Frequency	Due
					W / F / 4 / M	
					W / F / 4 / M	
					W / F / 4 / M	
					W / F / 4 / M	
					W / F / 4 / M	

Bills must be paid monthly if your income is received monthly. If income is not received monthly, bills cannot be paid monthly.

Payments to Sheffield Council Housing and Sheffield City Council Council Tax will be made to sort code 20-77-18.

Any remaining income should be paid into my shares:

☐ Immediately ☐ Split into 2/4 equal payments through the month (please delete)

☐ Please pay my shares into my bank account automatically (BACS form required)

Optional: I would like to save £ _____ per W / F / 4 / M

There is a charge of £5 per month for this account. Please select:

☐ I will pay the charge, which will be deducted from my income

☐ My housing provider will pay the charge

If your housing provider will pay the charge, please confirm that we can share information about your Scuba account with them:

☐ I agree that information can be shared between South Yorkshire Community Bank and my housing provider for the purposes of running my Scuba account.

South Yorkshire Community Bank is not responsible for arrears incurred by the tenant.

I confirm the details on this form are accurate and understand that South Yorkshire Community Bank will not be able to accept responsibility for payment to incorrect bank details given on this form.

Please Note: We recommend that all forms are submitted either in person at one of our offices or by post.

Please be aware that should you choose to send any personal or sensitive information to us by email this will be at your own risk and we cannot accept any responsibility for a third party acquiring this via unlawful actions outside of the organisation's control.

You can subscribe or unsubscribe from receiving marketing information and change your marketing preferences at any time. We will only send information on our products and services and your details will not be passed to third parties. Please use the details in the header to contact us about your marketing preferences.

Signed: _____

Print Name: _____

Date: _____

Office use only:

Managed credits		MDCM		Status H	