Relationship to Applicant:
Signature (parent/guardian):
Signature (witness):
NOTE: Witnesses must be over 18
DECLARATION I hereby apply to join Falkirk District Credit Union. I agree to abide by the rules and accept the decisions of the members at general meetings and the elected Commission. I declare that the information given on this form is true and correct to the best of my knowledge and belief.
Signature:
Date:
Return completed application to participating schools or local collection point (see website for more details)
OFFICE USE ONLY
Membership Number:
I confirm I have ensured this form has been completed correctly and seen all supporting evidence.
Signature:
Date:

BE A PENNY WISE OWL



PENNY WISE
JUNIOR ACCOUNT

FALKIRK CREDIT UNION
Supported by Falkirk Council

small treats, let alone bigger purchases or important life-events. The competing demands and pressures of modern life mean that putting spare cash aside is often left to the bottom of our to-do list.



Open an account from any age



Pay in no minimum deposit with no fuss or hassle





Trust your savings are fully protected -we are regulated by financial authorities

Pay in to your Penny Wise ...



at your local Credit Union branch





by pay point card



information about the credit union and other services we offer please visit our website www.falkirkcreditunion.co.uk

Penny Wise Account Applicant Form

Surname:
Forenames:
Home Address:
Post Code:
Date of Birth:
School:
Class:
Name Of Parent/Guardian:
Home Address:
Post Code:
Home/Contact Tel No:
Email:
FDCU Account No:
Relationship:
Signature (parent/guardian):
Signature (Witness):