



ASTI CREDIT UNION Limited

SALARY DEDUCTION MANDATE

To accountant, department of education

Please deduct until further notice from my salary the appropriate contribution as determined from time to time in accordance with ASTI Credit Union Limited rules and remit this amount to the aforementioned Credit Union. I recognise that these deductions are being made solely as a measure of convenience to me and may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that these deductions have been made from my salary rests with me and that beyond making remittance to the Credit Union on foot of same deductions, the Department accepts no responsibility of any kind in this matter.

Commencement date _____

Signed _____ Date _____

This mandate must be returned to the Credit Union Office and NOT to the Department of Education

Block capitals only

Surname _____

First Name _____

School _____

School address _____

Group no

Payroll no



ASTI CREDIT UNION Limited

MEMBERSHIP APPLICATION

Your application must be accompanied by:

- Proof of identification: eg passport/
valid driver's licence **and**
- Payslip **and**
- Original household bill **or**
- bank or building society statement

Application approved and details verified in accordance with the standard rules.

PLEASE ENSURE THAT YOU HAVE COMPLETED THE NOMINATION FORM



ASTI CREDIT UNION Limited

MEMBERSHIP APPLICATION FORM

Payroll no: Membership no

First name (as on payslip) _____

Surname (as on payslip) _____

Address _____

Telephone no _____ Date of birth _____

Mobile no _____

School name _____

School address _____

School tel no (staff) _____

I am a member of the ASTI and hereby apply for membership of and agree to abide by the rules of ASTI Credit Union Limited. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Applicants signature _____

Date _____

Names of any other credit union of which you are a member _____

For office use only

Proposed _____ Account no _____

Seconded _____ Account no _____



Please nominate who you wish to receive your shares in the event of your death.

ASTI CREDIT UNION Limited NOMINATION OF BENEFICIARY FORM

I _____
(Address) _____

in the county of _____

being a member of ASTI Credit Union Limited _____

hereby nominate _____

of (address) _____

in the county _____

relationship to member _____

As the person to whom there shall be transferred such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise, not exceeding the limit of the amount for the time being authorised by law.

Date this the _____ day of _____ (year) _____

Signature _____

Witness _____

Address _____

NB: The witness shall not be the person nominated. Change of marital status will invalidate this nomination. -request a further form



ASTI CREDIT UNION Limited CONSENT TO USE AND DISCLOSURE /DATA PROTECTION ACTS 1988 & 2003

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the credit union to process personal data which it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data with the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the credit Union Act, 1997, the credit union, subject to exception listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

For the purpose of assessing my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the credit union, including any loan accounts I have from time with you, I consent:

- (i) to you seeking information concerning application for loans and my credit history from any credit union affiliated to the Irish League of Credit Unions ("the League") and from any credit reference bureau or agency or arranged by the League and for that purpose you may disclose any information in any loan application which I may make to you or which you may have concerning me to any such credit union or to any such credit reference bureau or agency;
- (ii) to any credit union affiliated to the League or any credit reference bureau or agency operated or arranged by the League disclosing information to you concerning applications for loans and my credit history with any such credit union or otherwise;
- (iii) to the processing of any information relating to me, either contained in this form or otherwise, for the purpose of assessing application and administering any accounts I maintain with the credit union; and
- (iv) to the processing of any information relating to me, either containing in this form or otherwise, for the purpose of the credit union, or third parties selected by the credit union, informing me of goods or services which might be of interest to me.

If you do not want your information to be used for the purpose mentioned at (iv) above, please tick the box opposite



SALARY DEDUCTION SLIP

ASTI Credit Union Limited Salary Deduction Amount Form

This form must be returned to the ASTI Credit Union Office and NOT to the Department of Education

Block Capitals Only

Name (as on payslip):.....

Credit Union/Payroll Number:.....

Shares/Loan Amount: _____

Cash/Car Draw: (€2 per f/n) _____

Total Salary Deduction Amount: _____

Members Signature:

€ _____
€ _____
€ _____
€ _____
per fortnight

Date:.....

