



## SNU Trust Account Mandate

### CHURCH DETAILS

Name: .....

Address: .....

Postcode: .....

Tel: .....

Email: .....

### NOMINATED CHURCH BANK ACCOUNT

Your church must nominate a bank account which should be in the name of your church.

**Sort Code**

**Account Number**

-   -

**IMPORTANT: Please attach a copy cheque or paying in slip for verification purposes.**

### AUTHORISED SIGNATORIES

**We would like to draw your attention to SNU Church Rule 22 (3)(b)**

'The signatories to any account must be the Treasurer and any two other members of the Committee, with any two to sign. No person may be appointed as a signatory to an account if he is a spouse, civil partner, close relative, business or personal partner or employee of any other signatory to that account.'

# TREASURER (Must be a signatory)

All communication will be conducted through the Treasurer

Title: ..... First Name: .....

Surname: .....

Date of Birth: ..... Failure to provide your date of birth will result in this form being returned to you.

Address: .....

Post Code: .....

Tel: ..... Email: .....

Signature: .....

I am happy to receive communications via email where possible

# ADDITIONAL AUTHORISED SIGNATORIES

Title: ..... First Name: .....

Surname: .....

Date of Birth: ..... Failure to provide your date of birth will result in this form being returned to you.

Address: .....

Post Code: .....

Tel: ..... Email: .....

Signature: .....

I am happy to receive communications via email where possible

Title: ..... First Name: .....

Surname: .....

Date of Birth: ..... Failure to provide your date of birth will result in this form being returned to you.

Address: .....

Post Code: .....

Tel: ..... Email: .....

Signature: .....

I am happy to receive communications via email where possible

# COMMUNICATIONS ABOUT YOUR ACCOUNT

Notwithstanding your marketing choices below, we will contact you with information relevant to the operation and maintenance of your account by a variety of means including email, text message, post and/or telephone.

## MARKETING INFORMATION

The SNU Trust would like to keep you informed by letter, phone, email and text message about products, services and offers that we believe may be of interest to you.

If you wish us to contact you for these purposes, please tick the box:

## CERTIFICATE

I / we **certify that:** The Authority set out in this document was passed at a Meeting at which quorum was present. In respect of this mandate:

- all signatures are genuine,
- the information given is correct,
- I / we have initialled any corrections

### SIGNED BY:

**The Chairperson of the Meeting who must be a Charity Trustee, and one other Member who must be an existing Authorised Signatory on this account**

### CONFIRMING SIGNATURES

**THIS MANDATE MUST BE SIGNED BY TWO OFFICERS OF THE CHURCH/ORGANISATION:**

We certify that, to the best of our knowledge, all the details provided on these pages are correct.

We understand that it is the responsibility of the SNU Trust Member Church to keep these records up to date.

Signature:

Name:

Position:

Date:

Signature:

Name:

Position:

Date:

## PREVIOUS ADDRESS

If your address has changed in the last three years, please enter your previous address below:

Name: .....

Previous Address: .....

.....  
Post Code .....

Name: .....

Previous Address: .....

.....  
Post Code: .....

## Verification of Identity

As a Financial Services Provider, the SNU Trust is required by law to verify the identity of the persons who have signed this form. The Trust would like to make you aware that they will be performing identity checks via a secure on-line facility. Thank you for your co-operation.

## For office use only

SSheet  ..... Date .....

ID  ..... Date .....

DB  ..... Date .....

SCAN  ..... Date .....