



BUDGET SCHEME PLANNER

Fill in the planner below and we will help you manage your finances

Estimated Annual Expenses

BILL	MONTHLY	BI-MONTHLY	QUARTERLY	ANNUALLY
MORTGAGE / RENT				
HOUSE INSURANCE				
LIFE ASSURANCE				
MOBILE PHONE				
BROADBAND				
TV				
ELECTRICITY				
HOME TELEPHONE				
PETROL/DIESEL				
HOME HEATING				
CAR INSURANCE				
CAR TAX				
TOLL				
TV LICENSE				
REFUSE				
MISCELLANEOUS				
PROPERTY TAX				
WATER CHARGES				
SUB-TOTAL				
5% Contingency				
MONTHLY TOTAL				
WEEKLY TOTAL				



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Phone: 0818 24 7 365 or 01-4273900

Email: enquiries@straphaelscu.ie

Web: www.straphaelscu.ie

APPLICATION FOR BUDGET ACCOUNT

(Please use block capitals)

Name: _____

Address: _____

Tel: _____ Mobile: _____

E-mail: _____ Member No.: _____

APPLICATION AND AGREEMENT

I wish to participate in the Budget Account Scheme to provide for the items listed and I hereby instruct St. Raphael's Garda Credit Union Ltd to pay those nominated by direct, or direct debit payment such monies as become due in respect of accounts or agreements furnished by me within the limits of the budgeted amounts shown.

I further irrevocably agree to have the total amount involved deducted from my Salary/Wages by equal weekly/ fortnightly/ monthly or by direct debit installments and paid to the Credit Union over the period of the agreement. I understand that this account is additional to any other account I may have with the Credit Union. I understand that in my absence from work where payroll deduction cannot be made, I will be required to maintain normal contributions through direct payment/standing order to the Credit Union.

I accept the scale of interest charges on overdrawn Budget Accounts as laid down by the Board of Directors.

I understand that upon cessation of membership of the Budget scheme or the Credit Union, all sums outstanding become due and immediately payable. I hereby authorise the Credit Union to clear any debit balance remaining due on my budget account from my shares and deposit accounts where no arrangements have been made to clear the budget account balance.

I understand that St. Raphael's Garda Credit Union Ltd, reserves the right to decline my application or renewal without giving a reason and without entering into correspondence.

I agree to be bound by the terms and conditions laid down by the St. Raphael's Garda Credit Union Ltd. for the operation of the Budget Account and by provisions of the application and agreement section, by any changes or amendments in the rules and by any Board decisions made from time to time in relation to this account.

The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by St. Raphael's Garda Credit Union in accordance with the Privacy Notice which is available on our website and in branch.

Signed: _____

Date: _____