

Teller Details

Please provide the following information:

Name:

Address:

Telephone:

Date of Birth:

School Verification

I confirm that the person named above is a pupil/member of staff/volunteer of

(school name)

and may act as a School Branch Teller.

Signed:

(auth sig)

Date:

Confidentiality Agreement

Teller Details:

Name: _____

Address: _____

Date of Birth: _____

Declaration:

As a representative of both _____ (school)

and Scotwest Credit Union, I hereby agree to regard all information received in connection with my duties as a School Branch Teller with the strictest confidence.

Signed: _____

Date: _____