



Titchmarsh Village Shop
1 The Green
Titchmarsh
Kettering
NN14 3DE

01832 730727

titchmarsh.villageshop@gmail.com

Application for Debit Account

Surname: _____ Mr / Mrs / Miss / Ms (Delete as appropriate)

First Names: _____

Address: _____
_____ Postcode: _____

Telephone Numbers (Home / Mobile): _____

E Mail: _____ I have passed my 16th birthday _____

UNDERTAKING:

I/We the undersigned understand that the debit account requires payment in advance and that the account should always be in credit to the shop.

I/We the undersigned agree to pay any outstanding amounts as and when asked and understand that if we persistently overdraw our account then the management reserves the right to withdraw this facility.

Signed: _____ Signed: _____

Date: _____ Date: _____

Guarantor if aged between 16 and 18 Name _____ Signed _____

For office use only:

Authorised by: _____

Number issued _____ Actioned by: _____ Date: _____

Please note for Data Protection purposes that your account details will be maintained on the shop's EPOS records, to which members of the committee, shop managers and certain volunteers will have access. These records will only be used for the monitoring and follow up of accounts. Statements can be produced on your demand but will not be issued otherwise.