



# Prison Service Credit Union Limited

## TOPAZ FUEL CARD APPLICATION FORM

### 1. Member Details

Name of Applicant:   
*(Mr/Mrs/Miss/Ms)*

Credit Union Number:  Estimated Fuel Spend Per Fortnight: €

Full Home Postal Address:

Telephone Number(s) Home:  Mobile:  Work:

Email Address:   
*Mandatory for statement*

### 2. Card Details

All cards will be issued for use on Topaz branded service stations in the Republic of Ireland.  
Cards can be used to purchase fuel, lubricants and wash only.

NUMBER OF FUEL CARDS REQUIRED: *(Please tick appropriate box)* 1  2

NAME CARD 1:   
*BLOCK CAPITALS*

NAME CARD 2:   
*BLOCK CAPITALS*

I confirm the details above to be correct and that I have read the Topaz Fuel Card terms & conditions (available to view on [www.topazcard.ie](http://www.topazcard.ie)). I understand that Topaz (or it's agent) are not obliged to issue cards to any individual or give any reason for refusing any card application.

Signature:

Print Name:

Date:

### 3. Salary Deduction Authorisation

I HEREBY AUTHORISE PRISON SERVICE CREDIT UNION TO DEDUCT € \_\_\_\_\_ (as per estimated fuel cost above)  
IN ADDITION TO MY CURRENT DEDUCTION FOR LODGEMENT TO MY BUDGET ACCOUNT TO COVER THE COST  
OF MY FORTNIGHTLY FUEL BILL.

Signed:

Date:  PLEASE TURN OVER →



# Prison Service Credit Union Limited

## BUDGET ACCOUNT APPLICATION FORM

Name of Applicant:  
(Mr/Mrs/Miss/Ms)

Credit Union A/C Number:  
(Pay Number)

I wish to set up a budget account with Prison Service Credit Union Limited and agree to abide by the terms and conditions as stated below:

### Terms & Conditions

1. Only registered members in good standing with the Prison Service Credit Union Ltd, and operating an active credit union account shall be eligible to open a Personal & Household Budget Plan.
2. Members must complete a budget application form to participate in the Budget Plan.
3. The Budget Plan must be self financing through salary/pension deduction. It is not our policy to allow budget accounts to be financed through share withdrawals or loans.
4. An eligible member may join the plan in any month on condition that:
  - (a) No bills will be accepted or paid until at least two payroll/pension deductions have been received
  - (b) No bills will be accepted or paid until at least one month standing order has been received by non-payroll members.
5. The budget account will not operate as an overdraft facility.
6. The responsibility rests with the member to ensure the budget account is in credit to meet all bill payments.
7. In the event of an account being overdrawn, following the payment of a bill, an interest charge of 1% per month will be applied to the account. This charge will be applied on a daily basis.
8. Where a bill is received for payment from a credit union member whose budget account is overdrawn or is not sufficiently funded to enable this bill to be paid, the manager shall be empowered to put the account in credit by means of:
  - (a) Transfer of shares from the members credit union share account (provided that the share balance is greater than the loan)
  - (b) Increase fortnightly payroll/pension deductions
9. The Manager has the right to return the bill to the member without payment should there be insufficient funds to cover same.
10. While every effort will be made to pay the member's accounts not later than the date specified, The Prison Service Credit Union will not accept liability or be liable for non-payment of any account or the consequences thereof.
11. Direct Debit facilities shall be availed of where feasible.
12. The Board of Directors of Prison Service Credit Union reserve the right to:
  - Change or amend the terms and conditions of operation of the Budget Plan.
  - Alter or change any item or number of items in the Budget Plan.
  - Make other changes as they consider necessary from time to time.
13. Failure to comply with the terms and conditions of the Personal Household Budget Plan will result in the service being discontinued or a particular service being cancelled.
14. A member may appeal any decision relative to his/her budget account to the Board of Directors.

Signed:

Date:

PLEASE TURN OVER →