

SHARE WITHDRAWAL REQUEST
Please use this form when applying to withdraw savings

Membership
Number →

Title First Name Surname

Address Post Code

Current Saving Balance £ **Withdrawal Request**

Amount in Words

New Members from the 1st April 2014 must leave at least £2 in your account at all times.
Do you wish to close this account Yes/No If yes please explain why:.....

Payment Option

How do you wish your withdrawal to be paid? (Tick Option)

Cheque made payable to you or third party (**name to be made to**)

My Pre paid debit Card

Direct to my bank account. This will clear in your account on the same day as received and processed at our Head Office. Forms must be **received by 12 noon** in order to process in time for same day payments. We are unable to guarantee what time during the day your payment will clear in your account.

Sort Code: Account Number:

We are unable to make payments to 'Post Office Direct Payment Accounts'

Account in the Name of:

Do you have a loan with the Credit Union? Yes/No If yes, what is the outstanding loan balance? £

Please note: Any member with an outstanding loan balance will not be granted a share withdrawal request if the loan balance exceeds four times the share value.

Signed: Print: Date:

Office Use Only:

Date received: Cheque signed date:

Signature checked: Cheque number:

Processed by: DTB ref no:

Cheque passed to member via: Post / Collection point / Collection from Office Date: