

Withdrawal Request

(Please complete in BLOCK CAPITALS in ink and return to the Credit Union)

Date of collection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>		
Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

On expiry of the 7 day notice period please pay me:-

The sum of £ (.....)
 (Amount in words)

* By cash

* By cheque in favour of

Signature	<input type="text"/>	Date of Request	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office use only:

For cash	ID must be checked (tick box)	<input type="checkbox"/>
	Signature of member receiving cash	<input type="text"/>
	Signature of person paying cash	<input type="text"/>

For Cheques	Cheque number	<input type="text"/>
	Date Collected/Posted	<input type="text"/>
	Initials of person/s issuing cheque	<input type="text"/>

*Delete as appropriate