

## APPLICATION FOR WITHDRAWAL OF SHARES (SAVINGS)

### Personal Details

Member Number

Title Mr / Mrs / Ms / Miss (Delete as appropriate)

First Name

Address

Surname

Telephone No

Home/Mobile:

Work:

Date of Birth

### Account Details

Share Balance?

£

Loan Balance?

£

### Share Withdrawal Request

I wish to withdraw

£

(amount in words)

from my credit union account.

I would like payment by cheque/straight into my bank account (please delete)

#### Payment by cheque:

Please make cheque payable to \_\_\_\_\_

I would like to collect my cheque from Erdington Shop / my usual collection point (please delete)

I require an encashment letter **Yes/No** Allied Irish Bank/Nominated Local Bank

#### Payment by BACS:

Please make payment to my account Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_

I wish to close my account **Yes/No** (Please note a minimum of £5.00 must left in for the account stay open)

**Please note seven days notice is required for all share withdrawal applications to be processed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use:

#### Authorised for the board by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Cashiers Use:

- Balance confirmed? Yes/No
- Is form completed correctly? Yes/No
- Cheque issued: Number \_\_\_\_\_ Date \_\_\_\_\_
- Entered into passbook Yes/No
- Entered on to processing sheet and form attached to processing sheet Yes/No
- Receipt Book retained (closing account only) Yes/No