



SHARE WITHDRAWAL FORM

Credit Union A/C Number:

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Name: _____

Address: _____

_____ Postcode: _____

Contact Telephone Number: _____

I hereby request a withdrawal **£** from my credit union account

Payment Method (please tick one box)

Please post cheque to my home address

I will collect cheque from credit union office

Please pay direct to my bank account (enter details below)

Name of Bank: _____

Branch: _____

Sort Code: _____

A/C Number: _____

Name of a/c holder: _____

Signature: _____ Date: _____

For Office Use Only

S/Bal _____ L/Bal _____ Tx No. _____ Date _____ CUBIS _____