

APPLICATION FOR SHARE WITHDRAWAL / TRANSFER

Branch:..... Date:.....

Name:..... Membership No:.....

Place of Work:.....

Home Address:.....

Savings Balance £..... Loan Balance £.....

I wish to withdraw the following amountfrom my member account. Please arrange for this payment to be made as indicated below:

Cheque cashable at a post office **Cheque to be paid into Bank**

If applicable, cashable at the following post office

(if no post office is indicated above, we will arrange for the cheque to be payable to your bank account)

NB. Please note that as from 1st Jan 2013 - cheques cashed at post offices will incur a £1 fee as the Credit is now being charged for this service by our banking provider.

Pre-paid Card

Please load my card with the full amount specified above.

Please allow up to 24 hours for transaction to be completed.

BACS transfer

Please arrange for these funds to be transferred into my nominated bank account

Please allow up to 48 hours for the transfer to be completed.

If you have not previously requested BACS transfers – please add your bank account details on the reverse of this form and we will update our records accordingly. Sort code and Account Number must be verified in person before initial BACS transfers can be set up.

Cash Withdrawal

(cash payments up to £100 only). Please allow up to 24 hours for collection.

Date member funds to be transferred / collected

Funds to be collected at the following office.....

Signed by Dated

For Office Use Only

Cheque Number..... Date Cheque issued.....

Withdrawal No..... Week Number.....

Input by

For BACS Payments Only

Please provide your current bank account details.

Bank Name

Bank Branch (if known).....

Your Account Number

Your Sort Code

Title (name) of your account

SORT CODE AND ACCOUNT NUMBER MUST BE VERIFIED BEFORE INITIAL BACS TRANSFERS CAN BE SET UP.

BLSCU will reserve the right to contact you to confirm your account details.

I hereby authorise any BACS transfers to the above account until further notice. I understand that it is my responsibility to inform the Credit Union immediately of any changes to my bank account details.

Signed.....

Dated

Print Name

Membership no.....

ACCOUNT CLOSURE ONLY

Please read the following statement before signing

I understand that in withdrawing ALL of my shares, I am terminating my membership of the Bridgend Lifesavers Credit Union Ltd and request that any monies due to me by the way of dividend or interest is forwarded to me at the following address:

Address:.....

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.....

Signed:.....

Date

SHARE TRANSFER

Transfer from Member No:.....

To Member No:.....

Share / Loan Account

Amount to be transferred £.....

Signed:.....

Date.....

(BLSCU Officer)