

Bridgend Lifesavers Credit Union Ltd



Sarn Head Office Lifelong Learning Centre, Merfield Close, Sarn, Bridgend, CF32 9SW Telephone: 01656 729912
Bridgend Town Centre Branch 1 Station Hill, Bridgend, CF31 1EA Telephone: 01656 667089
Email: info@blscu.co.uk Website: www.blscu.co.uk

Application for Share Withdrawal/Transfer

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

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

Place of work:..... D.O.B or N.I.....

Home Address:.....

Savings balance £..... Loan balance £.....

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

Cheque to be paid into Bank

NB. Please note that we are no longer able to arrange for cheques to be cashed at local Post Offices
Note that cheques take 3 business working days before they can be collected.

Pre-paid Card

Please load my card with specified amount
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 2 business working days for the transfer to be completed.
To set up a Bacs facility on your account please contact one of the branches for more information.

Cash Withdrawal

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

Date member funds to be transferred/collected.....

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

Signed by..... Dated.....
Print Name..... Authorised by.....

Privacy Policy

In accordance with the General Data Protection Regulations (GDPR), we will use your personal details for the purpose of managing your account with the Credit Union. For more information on how we treat your personal data, please refer to our privacy policy which is available under 'About Us' on our website www.blscu.co.uk or email info@blscu.co.uk to request a copy.

For office use only

Cheque Number..... Date cheque issued.....
Bacs transfer date..... Bacs processed date.....
Input by.....

For Bacs Payments only

Please provide your current bank account details.

Banks name.....

Bank branch (if known).....

Your Account Number

Your Sort Code

Title (name) of your account.....

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.

Address:.....
.....

Signed:..... Date:.....

Share Transfer

Transfer from Member No:.....

To Member No:..... Share/Loan Account

Amount to be transferred £.....

Signed:..... Date:.....

(BLSCU Officer)

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