

# Junior Savings Withdrawal

Newport Credit Union • Newport Indoor Market • Upper Dock Street • Newport NP20 1DD  
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Please complete the following in **BLOCK CAPITALS**

Membership No:

Title: <input type="text"/>	Surname: <input type="text"/>	Forename(s): <input type="text"/>
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Address: .....

Post Code: .....

Telephone Number: .....

**Please note:**

Junior Savings Withdrawals can only be authorised by the Authorised Signatory and NOT by the Junior Saver.

Junior Savings Balance: £ ..... Amount to be withdrawn: £ .....

in words .....

**How would you prefer the withdrawal to be processed?**

**Cheque:**  Who would you like the Cheque made payable to? .....

Where would you like to cash your cheque? .....

Would you like the cheque posted to your school address? Yes  No

Would you like the cheque posted to the registered address? Yes  No

**Bank Transfer:**  Bank Name: ..... Account Name: .....

Sort Code: -- A/C No:

**Please sign below to authorise and to confirm that the withdrawal is for the benefit of the Junior Saver.**

Authorised Signature: <input type="text"/>	Date: / /
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**Office Only**

Approved by: .....	Date: / /
Cheque No: ..... Handed over by: .....	Date: / /
BACS Payment ID No: .....	Date: / /
BACS complete by: .....	Date: / /



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